

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

MERCY HEALTH SERVICES - IOWA, CORP.

Employer identification number

31-1373080

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year: <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			10532569.		10532569.	1.09%
b Medicaid (from Worksheet 3, column a)			125638742	157648954	0.	.00%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			136171311	157648954	10532569.	1.09%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	71	21,318	5025050.	304,877.	4720173.	.49%
f Health professions education (from Worksheet 5)	17	855	4328618.	1587377.	2741241.	.28%
g Subsidized health services (from Worksheet 6)	20	26,558	27283316.	12236083.	15047233.	1.55%
h Research (from Worksheet 7)	2		6,636.		6,636.	.00%
i Cash and in-kind contributions for community benefit (from Worksheet 8)	32	23,331	524,226.	79,849.	444,377.	.05%
j Total. Other Benefits	142	72,062	37167846.	14208186.	22959660.	2.37%
k Total. Add lines 7d and 7j	142	72,062	173339157	171857140	33492229.	3.46%

Part II Community Building Activities. Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development	9	9	22,742.		22,742.	.00%
3 Community support	9	471	35,512.		35,512.	.00%
4 Environmental improvements	3	81	1,178.		1,178.	.00%
5 Leadership development and training for community members						
6 Coalition building	7		6,243.		6,243.	.00%
7 Community health improvement advocacy	5	2,906	7,783.		7,783.	.00%
8 Workforce development	7	5,468	34,094.	15,000.	19,094.	.00%
9 Other						
10 Total	40	8,935	107,552.	15,000.	92,552.	.00%

Part III Bad Debt, Medicare, & Collection Practices
Section A. Bad Debt Expense

1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? 1

Yes No

X

2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount 2

24,530,909.

3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit 3

0.

4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME) 5

250,042,905.

6 Enter Medicare allowable costs of care relating to payments on line 5 6

268,177,966.

7 Subtract line 6 from line 5. This is the surplus (or shortfall) 7

-18,135,061.

8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit.

Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6.

Check the box that describes the method used:

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year? 9a

X

b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI 9b

X

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 FOREST PARK IMAGING, LLC	IMAGING SERVICES	52.89%		47.11%
2 MAGNETIC RESONANCE SERVICES, LLC	MRI SERVICES	49.00%		51.00%
3 MASON CITY AMBULATORY SURGERY CENTER, LLC	AMBULATORY SURGICAL SERVICES	51.00%		49.00%
4 MERCY HEART CENTER OUTPATIENT SERVICES, LLC	OUTPATIENT ECHOCARDIOGRAPHY AND NUCLEAR MEDICINE SERVICES	51.00%		49.00%

[illegible]

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group: MERCYONE NORTH IOWA MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>22</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>22</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group: MERCYONE NORTH IOWA MEDICAL CENTER

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13 X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 X	
15 Explained the method for applying for financial assistance?	15 X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: MERCYONE NORTH IOWA MEDICAL CENTER

	Yes	No	
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)			
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
e <input type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

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Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group: MERCYONE NORTH IOWA MEDICAL CENTER**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:

- a** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		X
24		X

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Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group: MERCYONE SIOUXLAND MEDICAL CENTERLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 3

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>21</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>21</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group: MERCYONE SIOUXLAND MEDICAL CENTER

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13 X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 X	
15 Explained the method for applying for financial assistance?	15 X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: MERCYONE SIOUXLAND MEDICAL CENTER

	Yes	No	
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)			
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
e <input type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

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Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group: MERCYONE SIOUXLAND MEDICAL CENTER**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:

- a** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		X
24		X

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Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group: MERCYONE DUBUQUE MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A): 2

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>23</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>23</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group: MERCYONE DUBUQUE MEDICAL CENTER

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13 X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 X	
15 Explained the method for applying for financial assistance?	15 X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: MERCYONE DUBUQUE MEDICAL CENTER

	Yes	No	
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)			
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
e <input type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

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Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group: MERCYONE DUBUQUE MEDICAL CENTER**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:

- a ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		X
24		X

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Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group: DUNES SURGICAL HOSPITALLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 4

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>21</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>21</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group: DUNES SURGICAL HOSPITAL

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13 X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 X	
15 Explained the method for applying for financial assistance?	15 X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: DUNES SURGICAL HOSPITAL

	Yes	No	
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)			
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
e <input type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21		X
If "No," indicate why:			
a <input checked="" type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

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Part V Facility Information (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group: DUNES SURGICAL HOSPITAL**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		X
24		X

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Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group: MERCYONE NEW HAMPTON MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A): 5

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>21</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>21</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group: MERCYONE NEW HAMPTON MEDICAL CENTER

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13 X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 X	
15 Explained the method for applying for financial assistance?	15 X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: MERCYONE NEW HAMPTON MEDICAL CENTER

	Yes	No	
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)			
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
e <input type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

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Part V Facility Information (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group: MERCYONE NEW HAMPTON MEDICAL CENTER**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:

- a** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		X
24		X

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Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group: MERCYONE DYERSVILLE MEDICAL CENTERLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 6

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>23</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>23</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group: MERCYONE DYERSVILLE MEDICAL CENTER

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13 X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 X	
15 Explained the method for applying for financial assistance?	15 X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: MERCYONE DYERSVILLE MEDICAL CENTER

	Yes	No	
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)			
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
e <input type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

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Part V Facility Information (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group: MERCYONE DYERSVILLE MEDICAL CENTER**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:

- a** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		X
24		X

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Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MERCYONE NORTH IOWA MEDICAL CENTER:

PART V, SECTION B, LINE 3J: N/A

PART V, SECTION B, LINE 3E: MERCYONE NORTH IOWA MEDICAL CENTER (MERCYONE NORTH IOWA) INCLUDED IN ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS.

THE FOLLOWING ARE THE PRIORITIZED SIGNIFICANT HEALTH NEEDS THAT WERE IDENTIFIED:

1. MENTAL HEALTH
2. FOOD ACCESS
3. AGING SUPPORT

MERCYONE SIOUXLAND MEDICAL CENTER:

PART V, SECTION B, LINE 3J: N/A

PART V, SECTION B, LINE 3E: MERCYONE SIOUXLAND MEDICAL CENTER (MERCYONE SIOUXLAND) INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

1. PREVENTATIVE CARE

2. SUBSTANCE MISUSE

3. PHYSICAL HEALTH

4. MENTAL HEALTH

MERCYONE DUBUQUE MEDICAL CENTER:

PART V, SECTION B, LINE 3J: N/A

PART V, SECTION B, LINE 3E: MERCYONE DUBUQUE MEDICAL CENTER (MERCYONE DUBUQUE) INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

1. BRAIN/MENTAL HEALTH (INCLUDING ALCOHOL AND DRUG MISUSE); 2. OBESITY (INCLUDING PHYSICAL ACTIVITY AND NUTRITION); 3. ACCESS TO DENTAL CARE; 4. ACCESS TO HEALTH CARE; 5. SEXUAL HEALTH AND BEHAVIOR; 6. FOOD INSECURITY; 7. LYME DISEASE; 8. ALZHEIMER'S DISEASE; AND 9. ASTHMA.

DUNES SURGICAL HOSPITAL:

PART V, SECTION B, LINE 3J: N/A

PART V, SECTION B, LINE 3E: THE DUNES SURGICAL HOSPITAL (DUNES) INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT. THE FOLLOWING
COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED
THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

1. PREVENTATIVE CARE
2. SUBSTANCE MISUSE
3. PHYSICAL HEALTH
4. MENTAL HEALTH

MERCYONE NEW HAMPTON MEDICAL CENTER:

PART V, SECTION B, LINE 3J: N/A

PART V, SECTION B, LINE 3E: MERCYONE NEW HAMPTON MEDICAL CENTER (MERCYONE
NEW HAMPTON) INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND
DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH HAVE BEEN
IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS
ASSESSMENT. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT
AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

1. ACCESS TO HEALTH CARE
2. AGING POPULATION
3. EMERGENCY MEDICAL SERVICES
4. KNOWLEDGE OF HEALTH CARE RESOURCES/SERVICES AVAILABLE LOCALLY

MERCYONE DYERSVILLE MEDICAL CENTER:

PART V, SECTION B, LINE 3J: N/A

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PART V, SECTION B, LINE 3E: MERCYONE DYERSVILLE MEDICAL CENTER (MERCYONE DYERSVILLE) INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

1. BRAIN/MENTAL HEALTH (INCLUDING ALCOHOL AND DRUG MISUSE); 2. OBESITY (INCLUDING PHYSICAL ACTIVITY AND NUTRITION); 3. ACCESS TO DENTAL CARE; 4. ACCESS TO HEALTH CARE; 5. SEXUAL HEALTH AND BEHAVIOR; 6. FOOD INSECURITY; 7. LYME DISEASE; 8. ALZHEIMER'S DISEASE; AND 9. ASTHMA.

MERCYONE NORTH IOWA MEDICAL CENTER:

PART V, SECTION B, LINE 5: MERCYONE NORTH IOWA WORKED TOGETHER WITH CERRO GORDO PUBLIC HEALTH TO DEVELOP THE CURRENT COMMUNITY HEALTH NEEDS ASSESSMENT/IMPLEMENTATION STRATEGY AND IS A PARTICIPANT IN THE CERRO GORDO COUNTY HEALTH IMPROVEMENT PARTNERSHIP, WHICH IS COMPRISED OF 14 AREA ORGANIZATIONS AND RESIDENTS. WE FEEL THAT WE WILL HAVE THE MOST SUCCESS WHEN WE PARTNER AND WORK COLLABORATIVELY TOGETHER IN IDENTIFYING AND ADDRESSING THE COMMUNITY HEALTH NEEDS. SURVEYS WERE DISPERSED VIA EMAIL, WEBSITE AND IN PERSON STARTING JULY 2022 THROUGH OCTOBER 2022. IN ADDITION TO SURVEYS, FOCUS GROUPS WERE HELD WITH PROFESSIONALS AND CITIZENS UTILIZING SERVICES IN THE CERRO GORDO COMMUNITY THROUGHOUT JANUARY. ON JANUARY 23, 2023, A COMMUNITY HEALTH FORUM WAS HELD AT NIACC, WHERE THE INFORMATION THAT WAS PROVIDED THROUGH THE SURVEYS AND FOCUS GROUPS WAS DISCUSSED. THE FOCUS GROUP IDENTIFIED SEVERAL COMMON THEMES AND FOCUS

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

AREAS.

THE STEERING TEAM UTILIZED THE MAPP (MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS) FRAMEWORK. BASED ON THE ASSESSMENTS, THEMES IN QUALITATIVE AND QUANTITATIVE DATA WERE ANALYZED AND STRATEGIC ISSUES WERE IDENTIFIED. THE STEERING TEAM UTILIZED THE BIG EASY METHOD OF VOTING WHERE MEMBERS PLACED THE HIGHEST IMPACT AND EASE ON EFFORTS FOCUSED TOWARDS IMPROVING FOOD ACCESS, MENTAL HEALTH SERVICES/SUPPORT, AND SERVICES FOR THE AGING POPULATION.

IN ADDITION TO CERRO GORDO PUBLIC HEALTH, THE FOLLOWING AGENCIES CONTRIBUTED TO THE DEVELOPMENT AND INFORMATION USED FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT: NORTH IOWA COMMUNITY ACTION ORGANIZATION, PRAIRIE RIDGE INTEGRATED HEALTH CARE, UNITED WAY OF NORTH CENTRAL IOWA, NORTH IOWA CHILDREN'S ALLIANCE, MASON CITY YOUTH TASK FORCE, NORTH IOWA AREA COUNCIL OF GOVERNMENTS (NIACOG), RESIDENTS OF THE COMMUNITY, WRIGHT COUNTY PUBLIC HEALTH, PALO ALTO PUBLIC HEALTH, KOSSUTH PUBLIC HEALTH, AND HANCOCK PUBLIC HEALTH.

MERCYONE SIOUXLAND MEDICAL CENTER:

PART V, SECTION B, LINE 5: IN 2021, THE DUNES SURGICAL HOSPITAL, MERCYONE SIOUXLAND MEDICAL CENTER, THE SIOUXLAND DISTRICT HEALTH DEPARTMENT, AND UNITYPOINT HEALTH - ST. LUKE'S PARTNERED TOGETHER TO COMPLETE THE THIRD JOINT CHNA TO DETERMINE THE COMMUNITY'S GREATEST HEALTH NEEDS AND TO COORDINATE EFFORTS TO IMPROVE POPULATION HEALTH OUTCOMES FOR THE SIOUXLAND AREA.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THE YEAR-LONG PROCESS INCLUDED COLLABORATION OF REPRESENTATIVES FROM EACH ORGANIZATION, KNOWN AS THE CHNA PLANNING COMMITTEE, AS WELL AS ENGAGEMENT FROM THE COMMUNITY PARTNERS THAT ARE LISTED ON LINE 6B. ALL OF THE MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS WERE REPRESENTED BY THE ORGANIZATIONS THAT SERVED THEM.

BEGINNING IN EARLY 2021, PRIMARY AND SECONDARY INPUT WAS COLLECTED THROUGH A COMMUNITY MEETING OF FIFTY-TWO COMMUNITY PARTNERS, AS WELL AS THE FOLLOWING SOURCES: U.S CENSUS BUREAU WEBSITE, 2021 NATIONAL COUNTY HEALTH RANKINGS, 2020 IA VITAL STATISTICS, IOWA PUBLIC HEALTH TRACKING PORTAL, 2019 CARES YOUTH SURVEY, 2020 COMPREHENSIVE STRATEGIES DATA BOOKLET, LOCAL HOSPITAL EMERGENCY ROOM DATA, POINT-IN-TIME COUNT FOR IOWA HOMELESS PROGRAMS, CDC 500 CITIES: LOCAL DATA FOR BETTER HEALTH WEBSITE, BUREAU OF LABOR STATISTICS, IOWA POISON CONTROL CENTER. THE DATA WAS ANALYZED BY THE CHNA PLANNING COMMITTEE. A COMMUNITY INPUT MEETING WAS HELD DURING THE SUMMER OF 2021, WHILE FINAL SUBMISSION OF THE CHNA OCCURRED IN 2022. A WRITTEN, COMMUNITY SURVEY WAS ALSO COMPLETED AND FOCUS GROUPS WERE HELD.

THE JOINT CHNA LOOKED AT DATA FROM THE FOLLOWING SIX COUNTIES IN THE TRI-STATE SIOUXLAND AREA, AS EACH HOSPITAL SERVES A LARGER TERRITORY OUTSIDE OF JUST WOODBURY COUNTY:

-UNION, SD

-DAKOTA, DIXON, AND THURSTON, NE

-PLYMOUTH AND WOODBURY, IA

MERCYONE DUBUQUE MEDICAL CENTER:

PART V, SECTION B, LINE 5: THE CHNA ADVISORY COMMITTEE CONVENED ON

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

DECEMBER 12, 2022, AND CONTINUED TO MEET ON A BIWEEKLY BASIS THROUGH
NOVEMBER 6TH, 2023. THE ADVISORY COMMITTEE CONSISTED OF REPRESENTATIVES
FROM THE FOLLOWING ORGANIZATIONS:

- DUBUQUE COUNTY PUBLIC HEALTH DEPARTMENT
- CITY OF DUBUQUE HEALTH SERVICES DEPARTMENT
- CITY OF DUBUQUE, OFFICE OF SHARED PROSPERITY & NEIGHBORHOOD SUPPORT
- UNITYPOINT HEALTH-FINLEY HOSPITAL
- DUBUQUE VISITING NURSES ASSOCIATION
- CRESCENT COMMUNITY HEALTH CENTER
- CITY OF DUBUQUE, PLANNING SERVICES DEPARTMENT

THE CHNA ADVISORY COMMITTEE CONSTRUCTED A COMMUNITY SURVEY WHICH WAS MADE
AVAILABLE TO THE PUBLIC FROM MARCH 15, 2023, THROUGH MAY 24, 2023. THE
CITY OF DUBUQUE'S OFFICE OF SHARED PROSPERITY AND NEIGHBORHOOD SUPPORT
(OSPNS) ASSISTED WITH THE PROCESS OF ASSESSING COMMUNITY HEALTH NEEDS AND
SOUGHT TO PROMOTE EQUITY THROUGHOUT THIS PROCESS. THE OSPNS ENCOURAGED THE
COMMITTEE TO TRANSLATE SURVEYS INTO SPANISH AND MARSHALLESE TO INCREASE
ACCESSIBILITY AND PARTICIPATION WITHIN HISPANIC, LATINO, AND MARSHALLESE
COMMUNITIES. THE DEPARTMENT PARTNERED WITH THE CITY OF DUBUQUE'S OFFICE OF
EQUITY AND HUMAN RIGHTS TO DIRECTLY ASSIST WITH THE SPANISH TRANSLATION.
TRANSLATION OF THE SURVEY INTO MARSHALLESE WAS PERFORMED BY AN OUTSIDE
AGENCY.

IN ADDITION TO THE RESULTS OF THE COMMUNITY-WIDE SURVEY DEVELOPED BY THE
ADVISORY COMMITTEE, DATA FROM SECONDARY SOURCES AND FINDINGS FROM THE
COMMUNITY EQUITY PROFILE CONDUCTED BY COMMUNITY FOUNDATION OF GREATER
DUBUQUE WERE USED TO IDENTIFY AND PRIORITIZE THE COMMUNITY HEALTH NEEDS.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

DUNES SURGICAL HOSPITAL:

PART V, SECTION B, LINE 5: IN 2021, THE DUNES SURGICAL HOSPITAL, MERCYONE SIOUXLAND MEDICAL CENTER, THE SIOUXLAND DISTRICT HEALTH DEPARTMENT, AND UNITYPOINT HEALTH - ST. LUKE'S PARTNERED TOGETHER TO COMPLETE THE THIRD JOINT CHNA TO DETERMINE THE COMMUNITY'S GREATEST HEALTH NEEDS AND TO COORDINATE EFFORTS TO IMPROVE POPULATION HEALTH OUTCOMES FOR THE SIOUXLAND AREA.

THE YEAR-LONG PROCESS INCLUDED COLLABORATION OF REPRESENTATIVES FROM EACH ORGANIZATION, KNOWN AS THE CHNA PLANNING COMMITTEE, AS WELL AS ENGAGEMENT FROM THE COMMUNITY PARTNERS THAT ARE LISTED ON LINE 6B. ALL OF THE MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS WERE REPRESENTED BY THE ORGANIZATIONS THAT SERVED THEM.

BEGINNING IN EARLY 2021, PRIMARY AND SECONDARY INPUT WAS COLLECTED THROUGH A COMMUNITY MEETING OF FIFTY-TWO COMMUNITY PARTNERS, AS WELL AS THE FOLLOWING SOURCES: U.S CENSUS BUREAU WEBSITE, 2021 NATIONAL COUNTY HEALTH RANKINGS, 2020 IA VITAL STATISTICS, IOWA PUBLIC HEALTH TRACKING PORTAL, 2019 CARES YOUTH SURVEY, 2020 COMPREHENSIVE STRATEGIES DATA BOOKLET, LOCAL HOSPITAL EMERGENCY ROOM DATA, POINT-IN-TIME COUNT FOR IOWA HOMELESS PROGRAMS, CDC 500 CITIES: LOCAL DATA FOR BETTER HEALTH WEBSITE, BUREAU OF LABOR STATISTICS, IOWA POISON CONTROL CENTER. THE DATA WAS ANALYZED BY THE CHNA PLANNING COMMITTEE. A COMMUNITY INPUT MEETING WAS HELD DURING THE SUMMER OF 2021, WHILE FINAL SUBMISSION OF THE CHNA OCCURRED IN 2022. A WRITTEN, COMMUNITY SURVEY WAS ALSO COMPLETED AND FOCUS GROUPS WERE HELD.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THE JOINT CHNA LOOKED AT DATA FROM THE FOLLOWING SIX COUNTIES IN THE TRI-STATE SIOUXLAND AREA, AS EACH HOSPITAL SERVES A LARGER TERRITORY OUTSIDE OF JUST WOODBURY COUNTY:

-UNION, SD

-DAKOTA, DIXON, AND THURSTON, NE

-PLYMOUTH AND WOODBURY, IA

MERCYONE NEW HAMPTON MEDICAL CENTER:

PART V, SECTION B, LINE 5: MERCYONE NEW HAMPTON INITIATED THE ASSESSMENT PROCESS FOR THE 2022 CHNA, ALONG WITH A PLANNING TEAM CONSISTING OF REPRESENTATIVES FROM HOSPITAL GOVERNANCE, LEADERSHIP AND MEDICAL STAFF, AREA EMPLOYERS, SCHOOL DISTRICTS, AND AREA HEALTH PROFESSIONALS.

BETWEEN SEPTEMBER 2021 AND JANUARY 2022, MERCYONE NEW HAMPTON GATHERED COMMUNITY INPUT THROUGH SURVEYS, PATIENT FEEDBACK, AND SERVICE UTILIZATION DATA. DATA SOURCES INCLUDED COUNTY HEALTH RANKINGS, COMMUNITY COMMONS, NORTHEAST IOWA COMMUNITY ACTION CORPORATION CLIENT NEEDS ASSESSMENT SURVEY. IN ADDITION, FOCUS GROUPS, INTERVIEWS AND INDIVIDUAL STORIES PROVIDE A VALUABLE TOOL TO GATHER QUALITATIVE DATA FOR STRATEGIC PLANNING. MERCYONE NEW HAMPTON WAS CAREFUL TO GATHER INPUT FROM REPRESENTATIVES OF VARIOUS MINORITY AND UNDERSERVED INDIVIDUALS INCLUDING: LOW INCOME/UNDERSERVED (SALVATION ARMY, CHICKASAW COUNTY PUBLIC HEALTH, PASTORAL COMMITTEE, SCHOOL ADMINISTRATION AND NORTHEAST IOWA COMMUNITY ACTION); CHRONIC CONDITIONS (AREA NURSING HOME, MENTAL HEALTH, AND HOSPICE REPRESENTATIVES); AND RACIAL/ETHNIC MINORITY (HISPANIC MINISTER FROM HOLY FAMILY AND PUBLIC HEALTH). SEVERAL SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED WITHIN THE MERCYONE NEW HAMPTON COMMUNITY. THOSE NEEDS WERE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THEN PRIORITIZED BY THE PLANNING TEAM BASED ON INFORMATION FROM ALL THE SOURCES MENTIONED WHICH WAS DISTILLED INTO A LIST OF OPPORTUNITIES ESTIMATED TO HAVE THE GREATEST POSITIVE IMPACT ON THE IDENTIFIED COMMUNITY HEALTH NEEDS.

MERCYONE DYERSVILLE MEDICAL CENTER:

PART V, SECTION B, LINE 5: THE CHNA ADVISORY COMMITTEE CONVENED ON DECEMBER 12, 2022, AND CONTINUED TO MEET ON A BIWEEKLY BASIS THROUGH NOVEMBER 6TH, 2023. THE ADVISORY COMMITTEE CONSISTED OF REPRESENTATIVES FROM THE FOLLOWING ORGANIZATIONS:

- DUBUQUE COUNTY PUBLIC HEALTH DEPARTMENT
- CITY OF DUBUQUE HEALTH SERVICES DEPARTMENT
- CITY OF DUBUQUE, OFFICE OF SHARED PROSPERITY & NEIGHBORHOOD SUPPORT
- UNITYPOINT HEALTH-FINLEY HOSPITAL
- DUBUQUE VISITING NURSES ASSOCIATION
- CRESCENT COMMUNITY HEALTH CENTER
- CITY OF DUBUQUE, PLANNING SERVICES DEPARTMENT

THE CHNA ADVISORY COMMITTEE CONSTRUCTED A COMMUNITY SURVEY WHICH WAS MADE AVAILABLE TO THE PUBLIC FROM MARCH 15, 2023, THROUGH MAY 24, 2023. THE CITY OF DUBUQUE'S OFFICE OF SHARED PROSPERITY AND NEIGHBORHOOD SUPPORT (OSPNS) ASSISTED WITH THE PROCESS OF ASSESSING COMMUNITY HEALTH NEEDS AND SOUGHT TO PROMOTE EQUITY THROUGHOUT THIS PROCESS. THE OSPNS ENCOURAGED THE COMMITTEE TO TRANSLATE SURVEYS INTO SPANISH AND MARSHALLESE TO INCREASE ACCESSIBILITY AND PARTICIPATION WITHIN HISPANIC, LATINO, AND MARSHALLESE COMMUNITIES. THE DEPARTMENT PARTNERED WITH THE CITY OF DUBUQUE'S OFFICE OF EQUITY AND HUMAN RIGHTS TO DIRECTLY ASSIST WITH THE SPANISH TRANSLATION.

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

TRANSLATION OF THE SURVEY INTO MARSHALLESE WAS PERFORMED BY AN OUTSIDE AGENCY.

IN ADDITION TO THE RESULTS OF THE COMMUNITY-WIDE SURVEY DEVELOPED BY THE ADVISORY COMMITTEE, DATA FROM SECONDARY SOURCES AND FINDINGS FROM THE COMMUNITY EQUITY PROFILE CONDUCTED BY COMMUNITY FOUNDATION OF GREATER DUBUQUE WERE USED TO IDENTIFY AND PRIORITIZE THE COMMUNITY HEALTH NEEDS.

MERCYONE SIOUXLAND MEDICAL CENTER:

PART V, SECTION B, LINE 6A: MERCYONE SIOUXLAND'S CHNA WAS CONDUCTED WITH UNITY POINT HEALTH-ST. LUKE'S AND DUNES SURGICAL HOSPITAL.

MERCYONE DUBUQUE MEDICAL CENTER:

PART V, SECTION B, LINE 6A: MERCYONE DUBUQUE CONDUCTED A JOINT CHNA WITH MERCYONE DYERSVILLE AND UNITYPOINT HEALTH-FINLEY HOSPITAL, DUBUQUE.

DUNES SURGICAL HOSPITAL:

PART V, SECTION B, LINE 6A: THE DUNES SURGICAL HOSPITAL'S CHNA WAS CONDUCTED WITH MERCYONE SIOUXLAND MEDICAL CENTER AND UNITY POINT HEALTH-ST. LUKE'S.

MERCYONE DYERSVILLE MEDICAL CENTER:

PART V, SECTION B, LINE 6A: MERCYONE DYERSVILLE CONDUCTED A JOINT CHNA WITH MERCYONE DUBUQUE AND UNITYPOINT HEALTH-FINLEY HOSPITAL, DUBUQUE.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MERCYONE NORTH IOWA MEDICAL CENTER:

PART V, SECTION B, LINE 6B: MERCYONE NORTH IOWA COLLABORATED WITH THE FOLLOWING ORGANIZATIONS TO CONDUCT THE MOST RECENT CHNA: CERRO GORDO PUBLIC HEALTH, NORTH IOWA COMMUNITY ACTION ORGANIZATION, MASON CITY YOUTH TASK FORCE, UNITED WAY OF NORTH CENTRAL, IOWA PRAIRIE RIDGE INTEGRATED BEHAVIORAL HEALTH CARE, NORTH IOWA AREA COUNCIL OF GOVERNMENTS, NORTH IOWA COMMUNITY COLLEGE, FLOYD COUNTY PUBLIC HEALTH, KOSSUTH REGIONAL HEALTH CENTER, HANCOCK COUNTY HEALTH SYSTEM, PALO ALTO COUNTY HEALTH SYSTEM, WINNEBAGO COUNTY PUBLIC HEALTH, WRIGHT COUNTY PUBLIC HEALTH, AND RESIDENTS OF THE COMMUNITY

MERCYONE SIOUXLAND MEDICAL CENTER:

PART V, SECTION B, LINE 6B: THE CHNA PLANNING COMMITTEE, MADE UP OF REPRESENTATIVES FROM THE AFOREMENTIONED HOSPITALS, AS WELL AS THE FOLLOWING ORGANIZATIONS; BRIAR CLIFF UNIVERSITY, GROWING COMMUNITY CONNECTIONS, SIOUXLAND COMMUNITY HEALTH CENTER, SIOUXLAND DISTRICT HEALTH DEPARTMENT, AND SOURCE FOR SIOUXLAND, CONDUCTED THE JOINT CHNA IN COLLABORATION WITH: BOYS AND GIRLS HOME AND FAMILY SERVICES, DAKOTA COUNTY JUVENILE DIVERSION, DEPARTMENT OF CORRECTIONAL SERVICES, GIRLS INC., INSTITUTE FOR COMMUNITY ALLIANCE, IOWA POISON CONTROL, IOWA STATE UNIVERSITY EXTENSION, JUNE E. NYLEN CANCER CENTER, MORNINGSIDE UNIVERSITY, NAACP, NORM WAITT SR. YMCA, ONE SIOUXLAND, PROTEUS, ROSECRANCE JACKSON RECOVERY CENTER, SIOUXLAND CARES, SIOUXLAND COMMUNITY HEALTH CENTER, SIOUXLAND HUMAN INVESTMENT PARTNERSHIP, SIOUXLAND MENTAL HEALTH CENTER, THE WARMING SHELTER, AND UNITED WAY OF SIOUXLAND.

MERCYONE DUBUQUE MEDICAL CENTER:

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PART V, SECTION B, LINE 6B: MERCYONE DUBUQUE CONDUCTED ITS CHNA WITH THE FOLLOWING NON-HOSPITAL ORGANIZATIONS: DUBUQUE COUNTY PUBLIC HEALTH DEPARTMENT; CITY OF DUBUQUE HEALTH SERVICES DEPARTMENT; CITY OF DUBUQUE, OFFICE OF SHARED PROSPERITY & NEIGHBORHOOD SUPPORT; UNITYPOINT HEALTH-FINLEY HOSPITAL; DUBUQUE VISITING NURSES ASSOCIATION; CRESCENT COMMUNITY HEALTH CENTER; AND CITY OF DUBUQUE, PLANNING SERVICES DEPARTMENT.

DUNES SURGICAL HOSPITAL:

PART V, SECTION B, LINE 6B: THE CHNA PLANNING COMMITTEE, MADE UP OF REPRESENTATIVES FROM THE AFOREMENTIONED HOSPITALS, AS WELL AS THE FOLLOWING ORGANIZATIONS; BRIAR CLIFF UNIVERSITY, GROWING COMMUNITY CONNECTIONS, SIOUXLAND COMMUNITY HEALTH CENTER, SIOUXLAND DISTRICT HEALTH DEPARTMENT, AND SOURCE FOR SIOUXLAND, CONDUCTED THE JOINT CHNA IN COLLABORATION WITH: BOYS AND GIRLS HOME AND FAMILY SERVICES, DAKOTA COUNTY JUVENILE DIVERSION, DEPARTMENT OF CORRECTIONAL SERVICES, GIRLS INC., INSTITUTE FOR COMMUNITY ALLIANCE, IOWA POISON CONTROL, IOWA STATE UNIVERSITY EXTENSION, JUNE E. NYLEN CANCER CENTER, MORNINGSIDE UNIVERSITY, NAACP, NORM WAITT SR. YMCA, ONE SIOUXLAND, PROTEUS, ROSECRANCE JACKSON RECOVERY CENTER, SIOUXLAND CARES, SIOUXLAND COMMUNITY HEALTH CENTER, SIOUXLAND HUMAN INVESTMENT PARTNERSHIP, SIOUXLAND MENTAL HEALTH CENTER, THE WARMING SHELTER, AND UNITED WAY OF SIOUXLAND.

MERCYONE DYERSVILLE MEDICAL CENTER:

PART V, SECTION B, LINE 6B: MERCYONE DYERSVILLE CONDUCTED ITS CHNA WITH THE FOLLOWING NON-HOSPITAL ORGANIZATIONS: DUBUQUE COUNTY PUBLIC HEALTH DEPARTMENT; CITY OF DUBUQUE HEALTH SERVICES DEPARTMENT; CITY OF DUBUQUE,

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

OFFICE OF SHARED PROSPERITY & NEIGHBORHOOD SUPPORT; UNITYPOINT HEALTH-FINLEY HOSPITAL; DUBUQUE VISITING NURSES ASSOCIATION; CRESCENT COMMUNITY HEALTH CENTER; AND CITY OF DUBUQUE, PLANNING SERVICES DEPARTMENT.

MERCYONE NORTH IOWA MEDICAL CENTER:

PART V, SECTION B, LINE 11: MERCYONE NORTH IOWA CONTINUED TO FOCUS ON MENTAL HEALTH IN FY24. THE HOSPITAL HAS A VARIETY OF PROGRAMS AND SERVICES TO ASSIST INDIVIDUALS AND FAMILIES WHO HAVE BEHAVIORAL HEALTH CONCERNS. THE PROGRAMS AND SERVICES ARE OFFERED ON BOTH AN INPATIENT AND OUTPATIENT BASIS AND INCLUDE INDIVIDUAL THERAPY, FAMILY, AND GROUP THERAPY AS WELL AS VARIOUS KINDS OF PSYCHOLOGICAL TESTING.

MERCYONE NORTH IOWA HAS CONTINUED TO PROVIDE PSYCHIATRIC TRIAGE IN ITS EMERGENCY ROOM FOR ALL PATIENTS PRESENTING WITH PSYCHIATRIC OR SUBSTANCE USE CONCERNS. THE PSYCHIATRIC TRIAGE PROCESS IS CARRIED OUT BY REGISTERED NURSES WITH A BACKGROUND IN BEHAVIORAL HEALTH WHO HELP TO ASSESS PATIENTS AND HELP INITIATE ADMISSION TO THE BEHAVIORAL HEALTH UNIT IF NEEDED OR PROVIDE REFERRAL INFORMATION ON COMMUNITY RESOURCES/AGENCIES IF THEY ARE ABLE TO BE DISCHARGED. IN FY24, 1,785 PSYCHIATRIC NURSE ASSESSMENTS WERE COMPLETED. WE CONTINUE TO ASK ALL PATIENTS THE SOCIAL DETERMINANTS OF HEALTH QUESTIONS AND IF A PATIENT HAS IDENTIFIED NEEDS, THEY ARE REFERRED TO OUR COMMUNITY HEALTH WORKERS TO ASSIST WITH RESOURCES.

DR. BURKLEY CONTINUED TO COMPLETE TESTING AT THE RESIDENCY CLINIC. DR. BURKLEY AND HER STAFF ARE IN THE RESIDENCY CLINIC ONCE A MONTH TO DO ADHD TESTING. THIS ALLOWS PATIENTS TO HAVE A TIMELIER APPOINTMENT WITH THE

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

RESIDENT TO GO OVER THE FINDINGS, A PLAN OF CARE, AND RECOMMENDATIONS. AS A RESULT, SEVERAL PATIENTS HAVE BEEN SEEN SOONER THAN EXPECTED BECAUSE THEY ARE WILLING TO BE SEEN AT THE RESIDENCY CLINIC AND MEET WITH A RESIDENT PHYSICIAN. THIS IS A LEARNING OPPORTUNITY FOR THE RESIDENTS TO BETTER UNDERSTAND PSYCHOLOGICAL EVALUATIONS AND PEDIATRIC MENTAL HEALTH DIAGNOSES.

DR. HARRELL JOINED THE DEPARTMENT IN JUNE 2023 AND THROUGHOUT FY24 CONDUCTED PSYCHOLOGICAL TESTING, HELPING TO ADDRESS THE SIGNIFICANT NEED FOR SPECIFIC TYPES OF TESTING INCLUDING TESTING FOR CHILDREN AND AUTISM TESTING.

ONE OF OUR PSYCHOLOGISTS WHO WORKS AT KOSSUTH COUNTY REGIONAL HEALTH HAS BEGUN OFFERING SOME PSYCHOLOGICAL TESTING. THIS HAS ADDED ADDITIONAL ACCESS TO TESTING IN A MORE RURAL REGION AND HELPED THE TEAM AS IT CONTINUES TO ADDRESS THE LONG WAIT LIST FOR TESTING.

MERCYONE NORTH IOWA EMPLOYS A CHEMICAL DEPENDENCY COUNSELOR WHO PROVIDES AMERICAN SOCIETY OF ADDICTION MEDICINE ASSESSMENTS AND SUBSTANCE USE COUNSELING. THIS CHEMICAL DEPENDENCY COUNSELOR WORKS ON SITE AND ASSESSES PATIENTS WITH CURRENT OR HISTORY OF SUBSTANCE USE.

MERCYONE NORTH IOWA COLLEAGUES PARTICIPATE IN THE COUNTY MENTAL HEALTH COALITION WHERE COLLABORATIVE WORK IS BEING DONE IN THE COMMUNITY TO ADDRESS MENTAL HEALTH.

MERCYONE NORTH IOWA BEHAVIORAL HEALTH DEPARTMENT HAS BEEN ENGAGED IN

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SEVERAL COMMUNITY EVENTS IN FY24, SUCH AS THE MAKE IT OK EVENT AND NATIONAL NIGHT OUT. INFORMATION AND RESOURCES ARE PROVIDED TO RESIDENTS AT THESE EVENTS.

MERCYONE NORTH IOWA EMERGENCY DEPARTMENT CONTINUES TO WORK COLLABORATIVELY WITH THE MASON CITY POLICE DEPARTMENT, HEALTHIM AND 43 NORTH IOWA TO BEST SERVE INDIVIDUALS IN THE COMMUNITY WHO ARE EXPERIENCING MENTAL HEALTH ISSUES.

IN FY24, \$73,744 RESTRICTED CASH DONATIONS WERE PROVIDED TO 43 NORTH IOWA AND NORTHERN LIGHTS ALLIANCE FOR THE HOMELESS SHELTER TO ASSIST THOSE INDIVIDUALS WHO WERE STRUGGLING WITH MENTAL HEALTH.

MERCYONE NORTH IOWA SPONSORED AND ATTENDED THE MENTAL HEALTH SUMMIT LOCATED AT NIACC.

MERCYONE NORTH IOWA CONTINUOUSLY LOOKS TO IMPROVE SERVICES AND PROCESSES TO BEST SERVE OUR PATIENTS AND COMMUNITY.

MERCYONE NORTH IOWA ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH AND SOCIAL ISSUES THAT EMERGED FROM THE CHNA PROCESS AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE NEEDS WHICH ARE THE MOST PRESSING, UNDER-ADDRESSED AND WITHIN ITS ABILITY TO INFLUENCE. FOR THAT REASON, MERCYONE NORTH IOWA DID NOT ADDRESS THE FOLLOWING NEEDS:

FOOD ACCESS - MERCYONE NORTH IOWA WILL CONTINUE TO COLLABORATE WITH THE HEALTHIEST STATE INITIATIVE AND THE NORTH IOWA FOOD COALITION WHO ARE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ALREADY LEADING INITIATIVES TO ADDRESS THIS NEED.

AGING SUPPORT - MERCYONE NORTH IOWA WILL CONTINUE TO PROVIDE SERVICES TO SUPPORT THE AGING POPULATION WITH PROGRAMS SUCH AS SENIOR HEALTH INSURANCE INFORMATION PROGRAM (SHIIP) AND WILL CONTINUE TO PARTICIPATE IN THE AGING SUPPORT WORK TEAM.

MERCYONE SIOUXLAND MEDICAL CENTER:

PART V, SECTION B, LINE 11: THE FOLLOWING NEEDS WERE ADDRESSED BY MERCYONE SIOUXLAND IN FY24:

MENTAL HEALTH:

RECRUITMENT CONTINUED FOR ADDITIONAL MENTAL HEALTH PROVIDERS. TELEMEDICINE WAS USED TO IMPROVE ACCESS FOR MENTAL HEALTH CARE. THE HOSPITAL CONTINUED TO OPERATE AN INPATIENT MENTAL HEALTH UNIT. MENTAL HEALTH SERVICES WERE PROVIDED AT THE MERCYONE CHILD ADVOCACY CENTER TO CHILDREN WHO HAD BEEN ABUSED. PROVIDERS CONTINUED TO SCREEN AND EDUCATE COMMUNITY MEMBERS ABOUT MENTAL HEALTH AND MADE REFERRALS TO MENTAL HEALTH PROFESSIONALS AS NEEDED.

MERCYONE SIOUXLAND CONTINUED TO COLLABORATE WITH OTHER MENTAL HEALTH PROVIDERS TO COORDINATE MENTAL HEALTH CARE. MERCYONE SIOUXLAND PARTICIPATED IN THE MENTAL HEALTH ROUNDTABLE, WHICH WAS COMPRISED OF 18 MENTAL HEALTH COMMUNITY PARTNERS, AND CREATED AND MAINTAINED A MENTAL HEALTH REFERRAL GUIDE THAT IS OPEN TO THE COMMUNITY TO USE TO LOCATE PROVIDERS.

PHYSICAL HEALTH:

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MERCYONE SIOUXLAND CONTINUED TO PROVIDE HEALTH COACHING, EDUCATION ON HEALTHY CHOICES, AND THE IMPORTANCE OF MAINTAINING A HEALTHY WEIGHT. PROVIDERS CONTINUED TO MEASURE BMIS FOR HEALTHY WEIGHT MONITORING AND COUNSELING. DIETICIANS PROVIDED NUTRITION EDUCATION TO THE COMMUNITY THROUGH BLOGS AND PRESENTATIONS. MERCYONE SIOUXLAND CONTINUED TO PROVIDE CARDIAC REHAB, PULMONARY REHAB, AND ENDOCRINOLOGY SERVICES. THE CARDIAC PROGRAM ALSO PROVIDED VASCULAR AND CHOLESTEROL SCREENINGS TO PROMOTE HEALTHY LIFESTYLE CHOICES. MERCYONE SIOUXLAND DONATED NUTRITIOUS FOOD TO THE GOODWILL SHOE AND MITTEN PROGRAM TO BE PROVIDED TO LOCAL CHILDREN IN NEED.

PREVENTATIVE CARE:

MERCYONE SIOUXLAND CONTINUED TO OPERATE A PRIMARY CARE CLINIC NETWORK. MERCYONE SIOUXLAND AIDED COMMUNITY MEMBERS WHO WERE UNABLE TO OBTAIN PRESCRIPTIONS NECESSARY TO MAINTAIN THEIR HEALTH STATUS AND AVOID HOSPITALIZATIONS. TRANSPORTATION WAS ALSO PROVIDED WHEN COMMUNITY MEMBERS WERE UNABLE TO AFFORD BUS OR TAXI SERVICES TO ACCESS HEALTH MAINTENANCE SERVICES. MERCYONE SIOUXLAND PROVIDED ENROLLMENT ASSISTANCE IN GOVERNMENTAL INSURANCE PLANS AND THE HOSPITAL'S CHARITY CARE PROGRAM ALLOWING FOR FREE OR DISCOUNTED CARE. PREVENTATIVE TELEMONTORING WAS PROVIDED FOR THE CONGESTIVE HEART FAILURE POPULATION.

THE EMERGENCY ROOM CONTINUED TO REFER PATIENTS WITHOUT A PRIMARY CARE PHYSICIAN TO A CARE PROVIDER FOR FOLLOW UP AND PREVENTIVE CARE. MERCYONE SIOUXLAND PROMOTED INFORMATION ON ANNUAL PHYSICALS AND PREVENTIVE SCREENINGS ON SOCIAL MEDIA. MERCYONE SIOUXLAND PARTICIPATED ON THE PREVENTIVE SCREENING COMMITTEE, A COMMUNITY COMMITTEE FOCUSED ON

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

INCREASING AWARENESS OF SCREENING RECOMMENDATIONS. THE COMMITTEE'S

PREVENTION 101 CAMPAIGN CREATED AND PROMOTED MATERIALS ON THE IMPORTANCE
OF VARIOUS PREVENTIVE SCREENINGS ON A MONTHLY BASIS.

SUBSTANCE MISUSE:

MERCYONE SIOUXLAND PARTICIPATED IN COMMUNITY EFFORTS OF THE TOBACCO FREE
SIOUXLAND COALITION. PROVIDERS AND HEALTH COACHES CONTINUED TO EDUCATE
COMMUNITY MEMBERS ON HEALTHY LIFESTYLE CHOICES, INCLUDING THE CESSATION OF
SMOKING AND ELIMINATING SUBSTANCE MISUSE. CARE SITES SCREENED PREGNANT
PATIENTS FOR SUBSTANCE USE AS A STANDARD OF CARE AND PROVIDED COUNSELING
AND REFERRALS TO SPECIALISTS AS NEEDED. MERCYONE SIOUXLAND, THROUGH
MERCYONE SIOUXLAND BUSINESS HEALTH, CONTINUED TO PROVIDE HEALTH COACHING
FOR TOBACCO CESSATION.

MERCYONE DUBUQUE MEDICAL CENTER:

PART V, SECTION B, LINE 11: MERCYONE DUBUQUE MEDICAL CENTER ADDRESSED THE
FOLLOWING SIGNIFICANT NEEDS IN FY24:

BRAIN HEALTH:

- PROVIDED A GRANT TO ZTM SOBER LIVING, WHICH SUPPORTS MEN LEAVING
TREATMENT, JAIL, PRISON, AND CORRECTIONAL HALFWAY HOUSES FOR SUBSTANCE
ABUSE AND ADDICTION. THE GRANT PROVIDED RENT FOR 15 MEN WITH LIMITED FUNDS
WHO PARTICIPATED IN THEIR PROGRAM.
- CONTINUED OPERATING ITS MEDICATION-ASSISTED TREATMENT PROGRAM.
- PROVIDED A GROUP SETTING FOR TREATMENT OF INDIVIDUALS WHO HAVE
DIFFICULTY MAINTAINING THEIR DAILY ROUTINES OR WHO WOULD OTHERWISE REQUIRE
INPATIENT PSYCHIATRIC TREATMENT.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- COLLABORATED WITH VETERAN AFFAIRS IN IOWA CITY AND NORTH IOWA COMMUNITY COLLEGE TO EDUCATE 51 HEALTH CARE WORKERS AND FIRST RESPONDERS ON HOW TO EFFECTIVELY SCREEN FOR SUICIDE, IDENTIFY WARNING SIGNS, AND RESPOND TO SUICIDE RISK.

- PARTICIPATED IN ADVOCACY EFFORTS RELATED TO BRAIN HEALTH.

- HOSTED SEVERAL SUPPORT GROUPS TO PROMOTE BRAIN HEALTH THAT WERE FREE TO THE PUBLIC AND THOSE SEEKING SUPPORT FOR CANCER, GRIEF, AND BREASTFEEDING.

- MERCYONE DUBUQUE STAFF MEMBERS SERVED ON THE BOARD OF DIRECTORS FOR IOWA BOARD OF CERTIFICATION, THE DUBUQUE COUNTY WELLNESS COALITION, AND THE DUBUQUE AREA SUBSTANCE ABUSE COALITION.

- THE MOBILE MEDICAL UNIT PERFORMED 840 BRAIN HEALTH SCREENINGS THROUGHOUT THE YEAR AND PARTICIPATED IN A COMMUNITY OVERDOSE AND ADDICTION AWARENESS VIGIL.

OBESITY (INCLUDING PHYSICAL ACTIVITY AND NUTRITION) AND FOOD INSECURITY:

- PROVIDED FUNDING TO THE MISSION SCHOOL OF PRESERVATION OF THE DUBUQUE RESCUE MISSION FOR THEIR PART-TIME ASSISTANT KITCHEN MANAGER WHO TRAINED MEN IN CULINARY SKILLS AND PREPARED AND PRESERVED 5,000 POUNDS OF FRESH PRODUCE TO SERVE AT THEIR FREE MEAL MINISTRY.

- PROVIDED A GRANT TO PEOPLE ASSOCIATED WITH LINCOLN SCHOOL'S PROJECT TO REDESIGN THE SCHOOL'S OUTDOOR SPACE TO PROMOTE EXERCISE OPPORTUNITIES FOR CHILDREN AND ADULTS LIVING IN THE NEIGHBORHOOD.

- FOOD AND EMPLOYEE TIME WAS DONATED TO PREPARE AND SERVE MEALS TO PEOPLE EXPERIENCING HOMELESSNESS AT THE DUBUQUE RESCUE MISSION.

- THE MOBILE MEDICAL UNIT PROVIDED EDUCATION ON NUTRITION AND FOOD STORAGE WHEN PARTNERING WITH OTHER NONPROFITS AT COMMUNITY EVENTS. THEY PURCHASED AND DISTRIBUTED MYPLATE PORTION PLATES TO FAMILIES WITH CHILDREN AT THESE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

EVENTS.

- KEPT A FOOD PANTRY ONSITE AT MERCYONE DUBUQUE TO HELP ALLEVIATE FOOD INSECURITY FOR PATIENTS.

ACCESS TO HEALTH CARE:

- THE MOBILE MEDICAL UNIT SERVED 3,533 PEOPLE IN FY24 THROUGH VISITS TO FOOD PANTRIES, COMMUNITY RESOURCE CENTERS, COMMUNITY EVENTS, AND HOMELESS SHELTERS IN DUBUQUE, DYERSVILLE, CASCADE, MONTICELLO, AND CLINTON. THESE VISITS INCLUDED FREE HEALTH SCREENINGS, BRAIN HEALTH SCREENINGS, VACCINES, AND CONNECTIONS TO OTHER NEEDED RESOURCES. IT ALSO SERVED AS A TEMPORARY TETANUS AND FIRST AID STATION FOR VICTIMS IMPACTED BY THE TORNADO IN GREENFIELD, IA.

- MERCYONE DUBUQUE SUBSIDIZED THE MATERNAL HEALTH CLINIC, WHICH PROVIDED PRENATAL, POSTPARTUM, AND YEARLY WELL VISITS FOR UNDERSERVED WOMEN, AND THE BIRTH CENTER, WHICH WAS THE ONLY LEVEL II REGIONAL PERINATAL CENTER FOR ABOUT A 70-MILE RADIUS. ADDITIONALLY, FREE OUTPATIENT LACTATION CONSULTATIONS WERE OFFERED TO BREASTFEEDING/PUMPING FAMILIES IN THE COMMUNITY. MERCYONE DUBUQUE'S NICU WAS ALSO SUBSIDIZED.

- FIRST SOURCE WAS CONTRACTED TO ASSIST UNINSURED PATIENTS EXPLORE AND APPLY FOR MEDICAID AND PUBLIC PROGRAMS AND OTHER INSURANCE TO IMPROVE THEIR ACCESS TO HEALTH CARE. IN-KIND OFFICE SPACE WAS ALSO PROVIDED FOR VOLUNTEERS TO OPERATE A SENIOR HEALTH INSURANCE INFORMATION PROGRAM (SHIIP), PROVIDING GUIDANCE TO INDIVIDUALS, FAMILIES, AND CAREGIVERS FOR NAVIGATING THEIR MEDICARE PLANS AND RESOURCES.

- OFFERED FREE INFLUENZA VACCINES TO CHILDREN.

- PROVIDED A GRANT TO DUBUQUE FOR REFUGEE CHILDREN WHICH ASSISTED AND EMPOWERED UNACCOMPANIED IMMIGRANT MINORS WITH THEIR LEGAL, EDUCATIONAL,

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MEDICAL, AND DENTAL NEEDS.

- PROVIDED FREE MEDICATION PACKAGING FOR QUALIFYING PATIENTS WITH A HISTORY OF MISUSE/OVERUSE OF ADDICTIVE MEDICATIONS, POOR VISION, IMPAIRED SHORT-TERM MEMORY, OR CONFUSION. MEDICATIONS WERE FILLED IN DAY AND TIME-SPECIFIC PACKAGING TO DECREASE THE BURDEN OF MEDICATION MANAGEMENT.

CANCER:

- THE MOBILE MEDICAL UNIT ATTENDED THE DUBUQUE FARMER'S MARKETS WHERE IT PROVIDED SKIN CANCER SCREENINGS AND EDUCATION.

- MERCYONE DUBUQUE CANCER CENTER PROVIDED ONCOLOGY NURSE NAVIGATOR AND DIETICIAN SERVICES FREE OF CHARGE AND FACILITATED BREAST CANCER, PROSTATE CANCER, AND GENERAL CANCER SUPPORT GROUPS THAT WERE OPEN TO THE COMMUNITY.

DUE TO LIMITED TIME, MONEY, AND OTHER RESOURCES, MERCYONE DUBUQUE COULD NOT REALISTICALLY AND ADEQUATELY ADDRESS ACCESS TO DENTAL CARE, SEXUAL HEALTH AND BEHAVIOR, LYME DISEASE, ALZHEIMER'S DISEASE, AND ASTHMA WERE NOT DIRECTLY ADDRESSED IN FY24.

DUNES SURGICAL HOSPITAL:

PART V, SECTION B, LINE 11: THE FOLLOWING NEEDS WERE ADDRESSED BY DUNES SURGICAL HOSPITAL IN FY24:

SUBSTANCE MISUSE:

THE PROVIDERS AT DUNES CONTINUED TO EDUCATE PATIENTS ON THE HEALTH RISKS OF SMOKING AND USING ALCOHOL. WRITTEN MATERIALS ON SMOKING/VAPING CESSATION WERE DISSEMINATED TO THE COMMUNITY.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PHYSICAL HEALTH:

DUNES CONTINUED TO PROVIDE PATIENT EDUCATION ON HEALTHY CHOICES, AND THE IMPORTANCE OF MAINTAINING A HEALTHY WEIGHT. THE PROVIDERS AT DUNES CONTINUED TO MEASURE PATIENT'S HEALTH RISK USING BMI FOR HEALTHY WEIGHT MONITORING. POST-SURGICAL EDUCATION WAS PROVIDED TO PATIENTS EMPHASIZING THE IMPORTANCE OF PHYSICAL EXERCISE AND PROPER NUTRITION. A CEREAL DRIVE WAS HELD AT THE HOSPITAL TO SUPPORT THE LOCAL SIOUXLAND FOOD BANK.

MENTAL HEALTH:

DUNES PROVIDERS CONTINUED TO SCREEN AND EDUCATE COMMUNITY MEMBERS ABOUT MENTAL HEALTH. REFERRALS WERE MADE TO MENTAL HEALTH PROFESSIONALS AS NEEDED. RECRUITMENT CONTINUED FOR ADDITIONAL MENTAL HEALTH PROVIDERS FOR THE SIOUXLAND AREA.

PREVENTATIVE CARE:

DUNES INCREASED ACCESS TO CARE WITHIN THE COMMUNITY DURING FY24 BY CONTINUING TO OFFER A FINANCIAL ASSISTANCE PROGRAM, WHICH ALLOWED THOSE WHO MET THE FINANCIAL NEED CRITERIA TO RECEIVE ASSISTANCE FOR NECESSARY SERVICES. SUCCESS WAS ACHIEVED IN REDUCING THE PERCENT OF UNINSURED ADULTS IN THE PRIMARY SERVICE AREA (WOODBURY IA, PLYMOUTH IA, UNION SD, DAKOTA NE, DIXON NE, AND THURSTON NE). AT THE TIME OF PATIENTS' DISMISSAL, THE HOSPITAL STAFF MADE FOLLOW UP APPOINTMENTS WITH PRIMARY CARE PHYSICIANS TO AID IN THE MAINTENANCE OR IMPROVEMENT OF OVERALL HEALTH STATUS.

MERCYONE NEW HAMPTON MEDICAL CENTER:

PART V, SECTION B, LINE 11: MERCYONE NEW HAMPTON RESOURCES AND OVERALL ALIGNMENT WITH THE HOSPITAL'S MISSION, GOALS AND STRATEGIC PRIORITIES WERE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

TAKEN INTO CONSIDERATION OF THE SIGNIFICANT HEALTH NEEDS IDENTIFIED
THROUGH THE MOST RECENT CHNA PROCESS. MERCYONE NEW HAMPTON DEVELOPED
AND/OR SUPPORTED INITIATIVES AND MEASURED THEIR EFFECTIVENESS TO IMPROVE
THE FOLLOWING HEALTH NEEDS:

ACCESS TO HEALTH CARE - MERCYONE NEW HAMPTON IDENTIFIED THAT AREA
RESIDENTS WOULD DESIRE MORE LOCAL ACCESS TO SPECIALISTS,
TREATMENTS/PROCEDURES, AND FAMILY PHYSICIANS. IN FY24, MERCYONE NEW
HAMPTON WELCOMED TWO NEW SPECIALISTS TO OFFER PAIN MANAGEMENT AND
ORTHOPEDIC PODIATRY CARE. THE PAIN SPECIALIST STARTED PERFORMING
PROCEDURES IN NOVEMBER 2023 AND PERFORMED 92 PROCEDURES IN FY24. MERCYONE
NEW HAMPTON'S VISITING ORTHOPEDIC SURGEON STARTED OFFERING TOTAL HIP
REPLACEMENTS AT NEW HAMPTON IN FY24 AS WELL. IN OCTOBER 2023, MERCYONE NEW
HAMPTON'S RADIOLOGY DEPARTMENT OFFERED TWO EVENINGS FOR WOMEN TO RECEIVE
MAMMOGRAMS. SINCE PAYING OUT-OF-POCKET COSTS FOR MAMMOGRAMS CAN BE A
BARRIER TO WOMEN RECEIVING ANNUAL MAMMOGRAMS, FINANCIAL ASSISTANCE WAS
AVAILABLE THROUGH THE CARE FOR YOURSELF PROGRAM. MERCYONE NEW HAMPTON
FAMILY MEDICINE HOSTED FREE SKIN CANCER SCREENINGS IN THE FALL OF 2023 AND
SPRING OF 2024, RESULTING IN 67 PATIENTS RECEIVING A FREE SCREENING.
AIDING 184 CLIENTS WITH ENROLLMENT, MERCYONE NEW HAMPTON HAS TWO TRAINED
COUNSELORS FOR THE SHIIP, A FREE, CONFIDENTIAL SERVICE THAT HELPS IOWANS
MAKE INFORMED DECISIONS ABOUT MEDICARE AND OTHER HEALTH COVERAGE.

AGING POPULATION - IN FY24, MERCYONE NEW HAMPTON CONTINUED THEIR WORK WITH
A TASKFORCE TO ADDRESS THE NEEDS OF OUR AGING POPULATION WITH CHICKASAW
COUNTY PUBLIC HEALTH, SENIOR LIFE SOLUTIONS, NORTHEAST IOWA AREA AGENCY ON
AGING, AREA FUNERAL HOMES, CHICKASAW COUNTY AMBULANCE SERVICE AND

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CHICKASAW COUNTY MINISTERIAL ASSOCIATION. TO BEST CARE FOR THE AGING POPULATION AND TO ENSURE THEIR WISHES ARE KNOWN, EDUCATION AND PLANNING TOOLS FOR LIVING WILLS AND ADVANCED DIRECTIVES WERE PRESENTED TO AN ADDITIONAL 125 PEOPLE. MERCYONE NEW HAMPTON DISTRIBUTED OVER 1,000 COPIES OF THE FIVE WISHES WORKBOOK WITH MAGNETIC CLIPS SO FIRST RESPONDERS COULD LOCATE THE BOOKLET ON THE PATIENT'S REFRIGERATOR. IN FY24, RESIDENTS WERE EDUCATED ABOUT THE IMPORTANCE OF CARDIOVASCULAR HEALTH AND BLOOD PRESSURE TESTING AND THROUGH COORDINATION WITH AREA INDUSTRIES, 79 PEOPLE HAVE BEEN REACHED.

EMERGENCY MEDICAL SERVICES - IN FY24, MERCYONE NEW HAMPTON CONTINUED SUPPORTING CHICKASAW COUNTY EMS IN PARTNERSHIP WITH CHICKASAW COUNTY BOARD OF SUPERVISORS AND CHICKASAW EMS ADVISORY COMMITTEE. MERCYONE NEW HAMPTON'S EMERGENCY DEPARTMENT NURSE LEADER SERVED ON THE ADVISORY COMMITTEE. MERCYONE NEW HAMPTON DEVELOPED A PARTNERSHIP WITH NORTHEAST IOWA COMMUNITY COLLEGE AND NEW HAMPTON COMMUNITY SCHOOLS TO OFFER MORE EMT EDUCATION TO SENIORS IN HIGH SCHOOL. ONE RECRUITMENT EVENT WAS HELD IN FREDERICKSBURG AND WAS SPONSORED BY MERCYONE NEW HAMPTON. LINENS ARE PROVIDED TO CHICKASAW COUNTY EMS BY MERCYONE NEW HAMPTON AND RESULTED IN A \$6,076 BENEFIT FOR THEM.

MERCYONE NEW HAMPTON ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH ARE THE MOST PRESSING, UNDER-ADDRESSED AND WITHIN ITS ABILITY TO INFLUENCE. FOR THAT REASON, MERCYONE NEW HAMPTON DID NOT ADDRESS THE NEEDS OF 'KNOWLEDGE OF HEALTH CARE RESOURCES/SERVICES AVAILABLE LOCALLY'. WHILE NOT INCLUDED FOR

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

INTERVENTION IN THE IMPLEMENTATION STRATEGY, MERCYONE NEW HAMPTON DID
CONTINUE TO PROMOTE AND EDUCATE OUR COMMUNITY ABOUT RESOURCES AVAILABLE
THROUGH MERCYONE NEW HAMPTON, COUNTY, AND STATE AGENCIES.

MERCYONE DYERSVILLE MEDICAL CENTER:

PART V, SECTION B, LINE 11: MERCYONE DYERSVILLE ADDRESSED ACCESS TO
HEALTH CARE, OBESITY AND BRAIN HEALTH BY COLLABORATING WITH MERCYONE
DUBUQUE'S MOBILE MEDICAL UNIT AT THE DYERSVILLE DOWNTOWN MARKET TO PROVIDE
INFLUENZA (FLU) VACCINES, NUTRITION EDUCATION, AND BRAIN HEALTH PROMOTION.
MERCYONE DYERSVILLE FURTHER ADDRESSED ACCESS TO HEALTH CARE BY PROVIDING
TELEMEDICINE IN MEDICAL-SURGICAL, PEDIATRICS AND EMERGENCY DEPARTMENTS;
CONTRACTING WITH FIRST SOURCE TO ASSIST UNINSURED PATIENTS APPLY FOR
INSURANCE; ORGANIZING JOB SHADOWING AND PRECEPTORSHIP OPPORTUNITIES FOR
HIGH SCHOOL AND COLLEGE STUDENTS INTERESTED IN HEALTHCARE; AND HOSTING
BLOOD DRIVES WITH IMPACTLIFE.

DUE TO LIMITED TIME, MONEY, AND OTHER RESOURCES, MERCYONE DYERSVILLE COULD
NOT REALISTICALLY AND ADEQUATELY ADDRESS SEXUAL HEALTH AND BEHAVIOR, FOOD
INSECURITY, LYME DISEASE, ALZHEIMER'S DISEASE, AND ASTHMA WERE NOT
DIRECTLY ADDRESSED IN FY24. MERCYONE DYERSVILLE DID NOT ADDRESS ACCESS TO
DENTAL CARE IN FY24 BUT WILL PARTNER AS NEEDED WITH THE ORAL HEALTH
ADVISORY BOARD OVER THE NEXT THREE YEARS.

MERCYONE NORTH IOWA MEDICAL CENTER:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS
ARE ABLE TO PROVIDE COMPLETE FINANCIAL INFORMATION. THEREFORE, APPROVAL

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON LIMITED AVAILABLE INFORMATION. WHEN SUCH APPROVAL IS GRANTED, IT IS CLASSIFIED AS "PRESUMPTIVE SUPPORT." EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, HOMELESS PATIENTS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

FOR THE PURPOSE OF HELPING FINANCIALLY DISADVANTAGED PATIENTS, A THIRD-PARTY MAY BE UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY ARE EXHAUSTED, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY DISADVANTAGED PATIENTS.

MERCYONE SIOUXLAND MEDICAL CENTER:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON LIMITED AVAILABLE INFORMATION. WHEN SUCH APPROVAL IS GRANTED, IT IS CLASSIFIED AS

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

"PRESUMPTIVE SUPPORT." EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, HOMELESS PATIENTS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

FOR THE PURPOSE OF HELPING FINANCIALLY DISADVANTAGED PATIENTS, A THIRD-PARTY MAY BE UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY ARE EXHAUSTED, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY DISADVANTAGED PATIENTS.

MERCYONE DUBUQUE MEDICAL CENTER:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON LIMITED AVAILABLE INFORMATION. WHEN SUCH APPROVAL IS GRANTED, IT IS CLASSIFIED AS

"PRESUMPTIVE SUPPORT." EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, HOMELESS PATIENTS, UNEMPLOYED PATIENTS,

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING
FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF
RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO
RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

FOR THE PURPOSE OF HELPING FINANCIALLY DISADVANTAGED PATIENTS, A
THIRD-PARTY MAY BE UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO
ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTH CARE
INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD
DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE
PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY
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PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED
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AVAILABILITY ARE EXHAUSTED, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC
METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY DISADVANTAGED
PATIENTS.

DUNES SURGICAL HOSPITAL:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS
ARE ABLE TO PROVIDE COMPLETE FINANCIAL INFORMATION. THEREFORE, APPROVAL
FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON LIMITED AVAILABLE
INFORMATION. WHEN SUCH APPROVAL IS GRANTED, IT IS CLASSIFIED AS
"PRESUMPTIVE SUPPORT." EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED
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NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING
FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO
RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

FOR THE PURPOSE OF HELPING FINANCIALLY DISADVANTAGED PATIENTS, A
THIRD-PARTY MAY BE UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO
ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTH CARE
INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD
DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE
PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY
QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION
PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED
DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE
AVAILABILITY ARE EXHAUSTED, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC
METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY DISADVANTAGED
PATIENTS.

MERCYONE NEW HAMPTON MEDICAL CENTER:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS
ARE ABLE TO PROVIDE COMPLETE FINANCIAL INFORMATION. THEREFORE, APPROVAL
FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON LIMITED AVAILABLE
INFORMATION. WHEN SUCH APPROVAL IS GRANTED, IT IS CLASSIFIED AS
"PRESUMPTIVE SUPPORT." EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED
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NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING
FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF
RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO
RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

FOR THE PURPOSE OF HELPING FINANCIALLY DISADVANTAGED PATIENTS, A
THIRD-PARTY MAY BE UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO
ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTH CARE
INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD
DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE
PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY
QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION
PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED
DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE
AVAILABILITY ARE EXHAUSTED, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC
METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY DISADVANTAGED
PATIENTS.

MERCYONE DYERSVILLE MEDICAL CENTER:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS
ARE ABLE TO PROVIDE COMPLETE FINANCIAL INFORMATION. THEREFORE, APPROVAL
FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON LIMITED AVAILABLE
INFORMATION. WHEN SUCH APPROVAL IS GRANTED, IT IS CLASSIFIED AS
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NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING
FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF
RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO
RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

FOR THE PURPOSE OF HELPING FINANCIALLY DISADVANTAGED PATIENTS, A

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

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MERCYONE NORTH IOWA MEDICAL CENTER - PART V, SECTION B, LINE 7A

WWW.MERCYONE.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING

MERCYONE NORTH IOWA MEDICAL CENTER - PART V, SECTION B, LINE 10A

WWW.MERCYONE.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING

MERCYONE SIOUXLAND MEDICAL CENTER - PART V, SECTION B, LINE 7A

WWW.MERCYONE.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING

MERCYONE SIOUXLAND MEDICAL CENTER - PART V, SECTION B, LINE 10A

WWW.MERCYONE.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING

MERCYONE DUBUQUE MEDICAL CENTER - PART V, SECTION B, LINE 7A

WWW.MERCYONE.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MERCYONE DUBUQUE MEDICAL CENTER - PART V, SECTION B, LINE 10A

WWW.MERCYONE.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING

DUNES SURGICAL HOSPITAL - PART V, SECTION B, LINE 7A

WWW.DUNESSURGICALHOSPITAL.COM/COMMUNITY-BENEFIT

DUNES SURGICAL HOSPITAL - PART V, SECTION B, LINE 10A

WWW.DUNESSURGICALHOSPITAL.COM/COMMUNITY-BENEFIT

MERCYONE NEW HAMPTON MEDICAL CENTER - PART V, SECTION B, LINE 7A

WWW.MERCYONE.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING

MERCYONE NEW HAMPTON MEDICAL CENTER - PART V, SECTION B, LINE 10A

WWW.MERCYONE.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING

MERCYONE DYERSVILLE MEDICAL CENTER - PART V, SECTION B, LINE 7A

WWW.MERCYONE.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING

MERCYONE DYERSVILLE MEDICAL CENTER - PART V, SECTION B, LINE 10A

WWW.MERCYONE.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING

MERCYONE NEW HAMPTON MEDICAL CENTER - PART V, SECTION B, LINE 9

AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S

IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE

FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE

TO THE PUBLIC.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MERCYONE NORTH IOWA MEDICAL CENTER - PART V, SECTION B, LINE 9

AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S
IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE
FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE
TO THE PUBLIC.

MERCYONE SIOUXLAND MEDICAL CENTER - PART V, SECTION B, LINE 7B

WWW.DUNESSURGICALHOSPITAL.COM/COMMUNITY-BENEFIT

WWW.SIOUXLANDDISTRICTHEALTH.ORG/COMMUNITY/COMMUNITY-

HEALTH-NEEDS-ASSESSMENT-AND-STATISTICS

WWW.UNITYPOINT.ORG/ABOUT-UNITYPOINT-HEALTH/

COMMUNITY-BENEFITS/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

DUNES SURGICAL HOSPITAL - PART V, SECTION B, LINE 7B

WWW.MERCYONE.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING

WWW.SIOUXLANDDISTRICTHEALTH.ORG/COMMUNITY/COMMUNITY-

HEALTH-NEEDS-ASSESSMENT-AND-STATISTICS

WWW.UNITYPOINT.ORG/ABOUT-UNITYPOINT-HEALTH/

COMMUNITY-BENEFITS/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

MERCYONE NORTH IOWA MEDICAL CENTER, PART V, LINE 16A, FAP WEBSITE:

WWW.MERCYONE.ORG/FOR-PATIENTS/BILLING-AND-

FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE-RHM

MERCYONE DUBUQUE MEDICAL CENTER, PART V, LINE 16A, FAP WEBSITE:

WWW.MERCYONE.ORG/FOR-PATIENTS/BILLING-AND-

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE-RHM

DUNES SURGICAL HOSPITAL, PART V, LINE 16A, FAP WEBSITE:

WWW.DUNESSURGICALHOSPITAL.COM/FINANCIAL-

ASSISTANCE-AND-CHARITY-CARE

MERCYONE DYERSVILLE MEDICAL CENTER, PART V, LINE 16A, FAP WEBSITE:

WWW.MERCYONE.ORG/FOR-PATIENTS/BILLING-AND-

FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE-RHM

MERCYONE NORTH IOWA MEDICAL CTR, PART V, LINE 16B, FAP APPLICATION WEBSITE:

WWW.MERCYONE.ORG/FOR-PATIENTS/BILLING-AND-

FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE-RHM

MERCYONE DUBUQUE MEDICAL CENTER, PART V, LINE 16B, FAP APPLICATION WEBSITE:

WWW.MERCYONE.ORG/FOR-PATIENTS/BILLING-AND-

FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE-RHM

DUNES SURGICAL HOSPITAL, PART V, LINE 16B, FAP APPLICATION WEBSITE:

WWW.DUNESSURGICALHOSPITAL.COM/FINANCIAL-

ASSISTANCE-AND-CHARITY-CARE

MERCYONE DYERSVILLE, PART V, LINE 16B, FAP APPLICATION WEBSITE:

WWW.MERCYONE.ORG/FOR-PATIENTS/BILLING-AND-

FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE-RHM

MERCYONE NORTH IOWA MEDICAL CENTER, PART V, LINE 16C,

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.MERCYONE.ORG/FOR-PATIENTS/BILLING-AND-

FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE-RHM

MERCYONE SIOUXLAND MEDICAL CENTER, PART V, LINE 16C,

FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.MERCYONE.ORG/FOR-PATIENTS/BILLING-AND-

FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE-RHM

MERCYONE DUBUQUE MEDICAL CENTER, PART V, LINE 16C,

FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.MERCYONE.ORG/FOR-PATIENTS/BILLING-AND-

FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE-RHM

DUNES SURGICAL HOSPITAL, PART V, LINE 16C,

FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.DUNESSURGICALHOSPITAL.COM/FINANCIAL-

ASSISTANCE-AND-CHARITY-CARE

MERCYONE NEW HAMPTON MEDICAL CENTER, PART V, LINE 16C,

FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.MERCYONE.ORG/FOR-PATIENTS/BILLING-AND-

FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE-RHM

MERCYONE DYERSVILLE MEDICAL CENTER, PART V, LINE 16C,

FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.MERCYONE.ORG/FOR-PATIENTS/BILLING-AND-

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE-RHM

MERCYONE NEW HAMPTON MEDICAL CENTER, PART V, LINE 16A, FAP WEBSITE:

WWW.MERCYONE.ORG/FOR-PATIENTS/BILLING-AND-

FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE-RHM

MERCYONE NEW HAMPTON MEDICAL CTR, PART V, LINE 16B, FAP APPLICATION WEBSITE

WWW.MERCYONE.ORG/FOR-PATIENTS/BILLING-AND-

FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE-RHM

MERCYONE SIOUXLAND MEDICAL CENTER, PART V, LINE 16A, FAP WEBSITE:

WWW.MERCYONE.ORG/FOR-PATIENTS/BILLING-AND-

FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE-RHM

MERCYONE SIOUXLAND MEDICAL CTR, PART V, LINE 16B, FAP APPLICATION WEBSITE:

WWW.MERCYONE.ORG/FOR-PATIENTS/BILLING-AND-

FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE-RHM

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 15

Name and address	Type of facility (describe)
1 MEDICAL ASSOCIATES WEST CAMPUS 1500 ASSOCIATES DRIVE DUBUQUE, IA 52001	OCC. HEALTH, PHYS THER, AMBULATORY SURGERY
2 MEDICAL ASSOCIATES CLINIC 1240 BIG JACK ROAD PLATTEVILLE, WI 53818	X-RAY, LAB, EMPLOYED PHYSICIANS
3 TRI-STATE OCCUPATIONAL HEALTH 1920 ELM STREET DUBUQUE, IA 52001	PHYS THERAPY, EMPLOYED PHYSICIANS
4 MEDICAL ASSOCIATES CLINIC 10988 BARTELL BLVD GALENA, IL 61036	HOME CARE, LAB, EMPLOYED PHYSICIANS
5 MERCYONE DYERSVILLE MEDICAL CENTER 1121 THIRD STREET SW DYERSVILLE, IA 52040	CLINIC
6 MEDICAL ASSOCIATES CLINIC 208 N. 12TH STREET BELLEVUE, IA 52031	CLINIC
7 MEDICAL ASSOCIATES CLINIC 911 N.W. CARTER ELKADER, IA 52043	CLINIC
8 CASCADE FAMILY HEALTH CENTER 805 JOHNSON STREET SW CASCADE, IA 52033	EMPLOYED PHYSICIANS, LAB, X-RAY, PT
9 MEDICAL ASSOCIATES CLINIC 117 SOUTH MADISON CUBA CITY, WI 53807	X-RAY, LAB, EMPLOYED PHYSICIANS
10 MEDICAL ASSOCIATES CLINIC 560 PLEASANT ST ELIZABETH, IL 61028	CLINIC

Schedule H (Form 990) 2023

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (for example, open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

IN ADDITION TO LOOKING AT A MULTIPLE OF THE FEDERAL POVERTY GUIDELINES,
OTHER FACTORS ARE CONSIDERED SUCH AS THE PATIENT'S FINANCIAL STATUS AND/OR
ABILITY TO PAY AS DETERMINED THROUGH THE ASSESSMENT PROCESS.

PART I, LINE 6A:

MERCY HEALTH SERVICES - IOWA (MHS-IA) REPORTS ITS COMMUNITY BENEFIT
INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION
REPORTED BY TRINITY HEALTH (EIN 35-1443425) IN ITS AUDITED FINANCIAL
STATEMENTS, AVAILABLE AT WWW.TRINITY-HEALTH.ORG.

MHS-IA ALSO INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON
TRINITY HEALTH'S WEBSITE AT
WWW.TRINITY-HEALTH.ORG/OUR-IMPACT/COMMUNITY-HEALTH-AND-WELL-BEING.

PART I, LINE 7:

THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN
ITEM 7. FOR CERTAIN CATEGORIES, PRIMARILY TOTAL CHARITY CARE AND

Part VI Supplemental Information (Continuation)

MEANS-TESTED GOVERNMENT PROGRAMS, SPECIFIC COST-TO-CHARGE RATIOS WERE CALCULATED AND APPLIED TO THOSE CATEGORIES. THE COST-TO-CHARGE RATIO WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES. IN OTHER CATEGORIES, THE BEST AVAILABLE DATA WAS DERIVED FROM THE HOSPITALS' COST ACCOUNTING SYSTEMS.

PART I, LN 7 COL(F):

THE FOLLOWING NUMBER, \$24,530,909, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

PART II, COMMUNITY BUILDING ACTIVITIES:

MERCYONE NORTH IOWA MEDICAL CENTER (MERCYONE NORTH IOWA):

-ECONOMIC DEVELOPMENT: MERCYONE NORTH IOWA LEADERS SERVED ON BOARDS AND COMMITTEES FOCUSED ON ECONOMIC AND COMMUNITY DEVELOPMENT INITIATIVES.

-COMMUNITY SUPPORT: MERCYONE NORTH IOWA LEADERS PARTICIPATED IN COMMUNITY SUPPORT ACTIVITIES, INCLUDING SERVING ON LOCAL BOARDS AND PROVIDING MENTORSHIP TO STUDENTS.

-COALITION BUILDING: MERCYONE NORTH IOWA LEADERS & COLLEAGUES PARTICIPATED IN COMMUNITY COALITIONS AND BOARDS FOCUSED ON ADDRESSING HEALTH AND SAFETY ISSUES.

-COMMUNITY HEALTH IMPROVEMENT ADVOCACY: MERCYONE NORTH IOWA LEADERS PARTICIPATED IN ADVOCACY EFFORTS BY ATTENDING COMMUNITY MEETINGS FOCUSED

Part VI Supplemental Information (Continuation)

ON ENHANCING ADVOCACY STRATEGIES FOR VARIOUS HEALTH AND SOCIAL NEEDS.

-WORKFORCE DEVELOPMENT: MERCYONE NORTH IOWA LEADERS SPENT TIME ON
WORKFORCE DEVELOPMENT INITIATIVES SUCH AS HIGH SCHOOL CAREER EXPLORATION
EVENTS, COLLEGE BOARD PARTICIPATION, AND PRESENTATIONS TO AREA SCHOOL
GROUPS.

MERCYONE DUBUQUE MEDICAL CENTER (MERCYONE DUBUQUE):

ECONOMIC DEVELOPMENT: MERCYONE DUBUQUE COLLEAGUES PARTICIPATE ON THE BOARD
AND EXECUTIVE COMMITTEE FOR GREATER DUBUQUE DEVELOPMENT CORPORATION,
ADDRESSES THE UNEMPLOYMENT AND TRANSPORTATION NEEDS OF THE COMMUNITY.
MERCYONE DUBUQUE HELPED VETERANS FIND EMPLOYMENT THROUGH THE DEVELOPMENT
OF THEIR SKILLBRIDGE PROGRAM AND LEADERSHIP IN THE TRI-STATE VETERAN
NETWORK, WHICH CONNECTED UNEMPLOYED AND UNDER EMPLOYED VETERANS OR THEIR
FAMILY MEMBERS TO LOCAL BUSINESSES. A STAFF MEMBER ALSO ATTENDED A CHAMBER
LEGISLATIVE EVENT TO ADDRESS BARRIERS TO EMPLOYMENT IN OUR COMMUNITY.

COMMUNITY SUPPORT: MERCYONE DUBUQUE COLLEAGUES PARTICIPATE ON THE BOARD
AND EXECUTIVE COMMITTEE FOR DUBUQUE RACING ASSOCIATION WHOSE MISSION IS TO
PROVIDE SOCIAL, ECONOMIC AND COMMUNITY BETTERMENT AND TO LESSEN THE BURDEN
OF DUBUQUE CITY AND AREA GOVERNMENT; THE LOCAL DUPACO COMMUNITY CREDIT
UNION BOARD, A NOT-FOR-PROFIT FINANCIAL COOPERATIVE, TO LEAD EFFORTS TO
HELP THOSE IN NEED LEARN MONEY-SAVING SKILLS; AND COMMUNITY-BASED
EMERGENCY PREPAREDNESS EXERCISES.

COALITION BUILDING: MERCYONE DUBUQUE LEADERS PARTICIPATED IN COMMUNITY
COALITIONS AND BOARDS FOCUSED ON ADDRESSING HEALTH AND SAFETY ISSUES.

Part VI Supplemental Information (Continuation)

ENVIRONMENTAL IMPROVEMENTS: MERCYONE DUBUQUE OUTPATIENT PHARMACIES
CONTINUED SERVING AS SHARPS COLLECTION LOCATIONS FOR DUBUQUE COUNTY
CITIZENS TO SAFELY DISPOSE OF NEEDLES AND SYRINGES.

ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENTS/SAFETY: MERCYONE DUBUQUE
LEADERS ATTENDED COMMUNITY MEETINGS FOCUSED ON ENHANCING ADVOCACY
STRATEGIES FOR VARIOUS HEALTH AND SOCIAL NEEDS. MERCYONE DUBUQUE PARTNERED
WITH THE VETERANS ADMINISTRATION TO BETTER SUPPORT VETERANS CONNECT TO THE
BENEFITS THEY HAVE EARNED THROUGH THEIR MILITARY SERVICE AND WAYS TO
PROMOTE WOMEN VETERAN WELLNESS.

WORKFORCE DEVELOPMENT: MERCYONE DUBUQUE PROVIDED AREA HIGH SCHOOL STUDENTS
OPPORTUNITIES TO WORK ALONGSIDE CLINICAL STAFF THROUGH AN INTERNSHIP
PROGRAM; ATTENDED HIGH SCHOOL CAREER FAIRS AND PROVIDED TOURS AND
OBSERVATION OPPORTUNITIES TO EXPOSE YOUNG STUDENTS TO THE HEALTH CARE
FIELD, INSPIRE INTEREST, AND INFORM THEM OF THE EDUCATIONAL PATHS REQUIRED
TO ENTER THE FIELD.

MERCYONE SIOUXLAND MEDICAL CENTER (MERCYONE SIOUXLAND):
ECONOMIC DEVELOPMENT: MERCYONE SIOUXLAND LEADERS SERVED ON BOARDS AND
COMMITTEES FOCUSED ON ECONOMIC AND COMMUNITY DEVELOPMENT INITIATIVES.

COMMUNITY SUPPORT: MERCYONE SIOUXLAND LEADERS PARTICIPATED IN COMMUNITY
SUPPORT ACTIVITIES, INCLUDING SERVING ON LOCAL BOARDS AND PROVIDING
MENTORSHIP TO STUDENTS. MERCYONE SIOUXLAND LEADERS PARTICIPATED IN
COMMUNITY COALITIONS AND BOARDS FOCUSED ON ADDRESSING HEALTH AND SAFETY
ISSUES.

Part VI Supplemental Information (Continuation)

COALITION BUILDING AND ENVIRONMENTAL IMPROVEMENTS: MERCYONE SIOUXLAND CONTINUED TO SUPPORT THE COMMUNITY BY HAVING LEADERS ACTIVELY PARTICIPATE IN LOCAL COMMUNITY BOARDS AND COMMUNITY COLLABORATIONS, INCLUDING HOLY SPIRIT RETIREMENT HOME, IOWA DONOR NETWORK, NORTHWEST IOWA FOOD SAFETY TASKFORCE, AND GROWING COMMUNITY CONNECTIONS. THESE ORGANIZATIONS PROVIDE NEEDED SERVICES TO THE COMMUNITY, AND LEADERS PROVIDED HEALTH CARE AND LEADERSHIP PERSPECTIVES TO HELP FURTHER THEIR MISSIONS AND ENHANCE COMMUNITY COLLABORATION.

COMMUNITY HEALTH IMPROVEMENT ADVOCACY: MERCYONE SIOUXLAND LEADERS PARTICIPATED IN ADVOCACY EFFORTS BY ATTENDING COMMUNITY MEETINGS FOCUSED ON ENHANCING ADVOCACY STRATEGIES FOR VARIOUS HEALTH AND SOCIAL NEEDS.

WORKFORCE DEVELOPMENT: MERCYONE SIOUXLAND LEADERS SPENT TIME ON WORKFORCE DEVELOPMENT INITIATIVES SUCH AS HIGH SCHOOL CAREER EXPLORATION EVENTS, COLLEGE BOARD PARTICIPATION, AND PRESENTATIONS TO AREA SCHOOL GROUPS. TO ADDRESS THE NEED FOR PEOPLE IN THE HEALTH CARE FIELD, MERCYONE SIOUXLAND PROVIDED AWARENESS AND EXPLORATION ACTIVITIES FOR A VARIETY OF HEALTH CARE CAREERS TO HIGH SCHOOL STUDENTS. MERCYONE SIOUXLAND ALSO HAD STAFF SERVE ON MORNINGSIDE UNIVERSITY'S ADVISORY COMMITTEE TO HELP SHAPE PROGRAM OFFERINGS TO GROW AND SUPPORT THE LOCAL WORKFORCE.

MERCYONE NEW HAMPTON MEDICAL CENTER (MERCYONE NEW HAMPTON):

WORKFORCE DEVELOPMENT: IN FY24, MERCYONE NEW HAMPTON HOSTED A CAREER EXPLORATION EVENT IN PARTNERSHIP WITH NORTHEAST IOWA COMMUNITY COLLEGE (NICC) AND ALLEN COLLEGE. AREA HIGH SCHOOL STUDENTS LEARNED ABOUT RADIOLOGY, PHYSICAL THERAPY, AND NURSING. THROUGHOUT THE YEAR, MERCYONE NEW HAMPTON WORKS CLOSELY WITH NICC AND THE NEW HAMPTON COMMUNITY SCHOOL

Part VI Supplemental Information (Continuation)

DISTRICT ON 8TH GRADE CAREER WEEK, ADULTING 101 DAY FOR SENIORS, AND JOB SHADOWING OPPORTUNITIES AT MERCYONE NEW HAMPTON. IN FY24, MERCYONE NEW HAMPTON ADVOCATED FOR AREA SCHOOLS TO INCREASE THE NUMBER OF COLLEGE HEALTH CARE CAREER CLASSES OFFERED TO HIGH SCHOOL SENIORS AND TOURED HEALTH CARE EDUCATION LABS TO LEARN HOW WE COULD IMPLEMENT A SIMILAR PROGRAM IN NEW HAMPTON.

ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENT: THROUGHOUT FY24, THREE MERCYONE NEW HAMPTON COLLEAGUES PARTICIPATED IN A CORE COMMITTEE TO RAISE FUNDS AND BUILD AN INCLUSIVE PLAYGROUND (LOCATED ACROSS THE STREET FROM OUR CAMPUS) AND HANDICAP ACCESSIBLE BATHROOM. PLAY IS A VITAL PART OF CHILDREN'S DEVELOPMENT, NOT JUST PHYSICALLY BUT SOCIALLY AND EMOTIONALLY. THE PLAYGROUND WILL HELP THOSE WITH DISABILITIES AND THEIR FAMILIES HAVE FUN PLAYING ALONGSIDE THEIR FRIENDS, FURTHERING THEIR DEVELOPMENT AND SENSE OF BELONGING. FOR OTHER CHILDREN, IT WILL TEACH THEM TO EMBRACE DIVERSITY AND INCLUSION OF CHILDREN DIFFERENT FROM THEM. THE HANDICAP ACCESSIBLE BATHROOM INCLUDES A HEIGHT ADJUSTABLE ADULT SIZE CHANGING TABLE. THE GRAND OPENING FOR THE PLAYGROUND WAS HELD ON JUNE 5, 2024. MERCYONE NEW HAMPTON'S SPEECH AND OCCUPATIONAL THERAPY SPECIALISTS ALSO USE THIS PLAYGROUND AS AN EXTENSION OF THEIR TREATMENT AREA FOR CHILDREN THAT MAY RESPOND BETTER TO A LESS FORMAL LEARNING ENVIRONMENT.

MERCYONE NEW HAMPTON'S PUBLIC RELATIONS MANAGER IS THE PANTRY COORDINATOR FOR CHICKASAW PRIDE PANTRY LOCATED AT NEW HAMPTON MIDDLE/HIGH SCHOOL. THE PANTRY IS A PROJECT OF THE NEW HAMPTON ROTARY CLUB AND THE NEW HAMPTON HIGH SCHOOL INTERACT CLUB, WHICH MERCYONE NEW HAMPTON'S PUBLIC RELATIONS MANAGER ALSO ADVISES. THE PANTRY DISTRIBUTES FRESH FRUIT AND VEGETABLES, EASY TO OPEN SHELF-STABLE ITEMS, A COMBINATION OF GRAINS, PERSONAL

Part VI Supplemental Information (Continuation)

CARE/HYGIENE ITEMS AND PAPER PRODUCTS. THE AGENCY PARTNER IS NORTHEAST IOWA FOOD BANK. IN FY24, 8,667 POUNDS OF FOOD AND PERSONAL CARE ITEMS WERE DISTRIBUTED.

COMMUNITY SUPPORT: MERCYONE NEW HAMPTON HAS DEDICATED TIME AND RESOURCES TO THE CHICKASAW COUNTY EMS PROGRAM. IN ADDITION TO INVOLVEMENT IN MEETINGS, HOSTING EVENTS AND SERVING ON THE FRIENDS OF CHICKASAW COUNTY EMS BOARD, MERCYONE NEW HAMPTON PROVIDES LINEN SERVICES TO THE AMBULANCE SERVICE. IN FY24, MERCYONE NEW HAMPTON PARTNERED WITH ALL AREA LAW ENFORCEMENT AGENCIES, EMS, AND NEW HAMPTON COMMUNITY SCHOOLS TO HOLD A FULL-SCALE ACTIVE SHOOTER DRILL.

ECONOMIC DEVELOPMENT: AS ONE OF THE LARGEST EMPLOYERS IN THE AREA, MERCYONE NEW HAMPTON TAKES ITS CIVIC RESPONSIBILITY VERY SERIOUSLY. SUPPORT OF, AND CONTRIBUTIONS TO, COMMUNITY ORGANIZATIONS, EVENTS, AND PROGRAMS, SUCH AS THE INDUSTRIAL DEVELOPMENT CORPORATION HELP IMPROVE THE ECONOMY OF MERCYONE NEW HAMPTON'S CATCHMENT COUNTIES. BY PROMOTING ECONOMIC DEVELOPMENT, MERCYONE NEW HAMPTON HELPS CREATE A COMMUNITY THAT CONTINUES TO BUILD ITSELF THROUGH THE LEADERS WHO WORK AND VOLUNTEER AT THE HOSPITAL. ECONOMIC STABILITY IS INTRINSICALLY LINKED TO THE PREVENTION OF HEALTH PROBLEMS ASSOCIATED WITH POVERTY, HOMELESSNESS, AND ENVIRONMENTAL CHALLENGES, AND IS CRUCIAL IF THE COMMUNITY HOPES TO MAINTAIN A VIABLE HOSPITAL COMPLEX WITH A BROAD SPECTRUM OF ESSENTIAL SERVICES. IN FY24, MERCYONE NEW HAMPTON'S CEO AND PUBLIC RELATIONS MANAGER SERVED ON THE INDUSTRIAL DEVELOPMENT CORPORATION BOARD. PROJECTS INCLUDED INCREASING ACCESS TO DAY CARE, AVAILABILITY OF AFFORDABLE HOUSING, TRADE/SKILL EDUCATION PROGRAMING AND OFFERING FINANCIAL ASSISTANCE TO NEW OR EXPANDING BUSINESSES.

Part VI Supplemental Information (Continuation)

...CONTINUED AT THE END OF PART VI.

PART III, LINE 2:

METHODOLOGY USED FOR LINE 2 - ANY DISCOUNTS PROVIDED OR PAYMENTS MADE TO A PARTICULAR PATIENT ACCOUNT ARE APPLIED TO THAT PATIENT ACCOUNT PRIOR TO ANY BAD DEBT WRITE-OFF AND ARE THUS NOT INCLUDED IN BAD DEBT EXPENSE. AS A RESULT OF THE PAYMENT AND ADJUSTMENT ACTIVITY BEING POSTED TO BAD DEBT ACCOUNTS, WE ARE ABLE TO REPORT BAD DEBT EXPENSE NET OF THESE TRANSACTIONS.

PART III, LINE 3:

MHS-IA USES A PREDICTIVE MODEL THAT INCORPORATES THREE DISTINCT VARIABLES IN COMBINATION TO PREDICT WHETHER A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE: (1) SOCIO-ECONOMIC SCORE, (2) ESTIMATED FEDERAL POVERTY LEVEL (FPL), AND (3) HOMEOWNERSHIP. BASED ON THE MODEL, CHARITY CARE CAN STILL BE EXTENDED TO PATIENTS EVEN IF THEY HAVE NOT RESPONDED TO FINANCIAL COUNSELING EFFORTS AND ALL OTHER FUNDING SOURCES HAVE BEEN EXHAUSTED. FOR FINANCIAL STATEMENT PURPOSES, MHS-IA IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, MHS-IA IS REPORTING ZERO ON LINE 3, SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED THROUGH THE PREDICTIVE MODEL.

PART III, LINE 4:

MHS-IA IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH. THE FOLLOWING IS THE TEXT OF THE PATIENT ACCOUNTS RECEIVABLE, ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS FOOTNOTE

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

FROM PAGE 14 OF THOSE STATEMENTS: "AN UNCONDITIONAL RIGHT TO PAYMENT, SUBJECT ONLY TO THE PASSAGE OF TIME IS TREATED AS A RECEIVABLE. PATIENT ACCOUNTS RECEIVABLE, INCLUDING BILLED ACCOUNTS AND UNBILLED ACCOUNTS FOR WHICH THERE IS AN UNCONDITIONAL RIGHT TO PAYMENT, AND ESTIMATED AMOUNTS DUE FROM THIRD-PARTY PAYERS FOR RETROACTIVE ADJUSTMENTS, ARE RECEIVABLES IF THE RIGHT TO CONSIDERATION IS UNCONDITIONAL AND ONLY THE PASSAGE OF TIME IS REQUIRED BEFORE PAYMENT OF THAT CONSIDERATION IS DUE. FOR PATIENT ACCOUNTS RECEIVABLE, THE ESTIMATED UNCOLLECTABLE AMOUNTS ARE GENERALLY CONSIDERED IMPLICIT PRICE CONCESSIONS THAT ARE A DIRECT REDUCTION TO PATIENT SERVICE REVENUE AND ACCOUNTS RECEIVABLE.

THE CORPORATION HAS AGREEMENTS WITH THIRD-PARTY PAYERS THAT PROVIDE FOR PAYMENTS TO THE CORPORATION'S HEALTH MINISTRIES AT AMOUNTS DIFFERENT FROM ESTABLISHED RATES. ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT AGREEMENTS WITH THIRD-PARTY PAYERS AND OTHER CHANGES IN ESTIMATES ARE INCLUDED IN NET PATIENT SERVICE REVENUE AND ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS. RETROACTIVE ADJUSTMENTS ARE ACCRUED ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND ADJUSTED IN FUTURE PERIODS, AS FINAL SETTLEMENTS ARE DETERMINED. ESTIMATED RECEIVABLES FROM THIRD-PARTY PAYERS ALSO INCLUDES AMOUNTS RECEIVABLE UNDER STATE MEDICAID PROVIDER TAX PROGRAMS."

PART III, LINE 5:

TOTAL MEDICARE REVENUE REPORTED IN PART III, LINE 5 HAS BEEN REDUCED BY THE TWO PERCENT SEQUESTRATION REDUCTION.

PART III, LINE 8:

THE IRS COMMUNITY BENEFIT OBJECTIVES INCLUDE RELIEVING OR REDUCING THE

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

BURDEN OF GOVERNMENT TO IMPROVE HEALTH. TREATING MEDICARE PATIENTS CREATES SHORTFALLS THAT MUST BE ABSORBED BY HOSPITALS, WHICH PROVIDE CARE REGARDLESS OF THIS SHORTFALL AND THEREBY RELIEVE THE FEDERAL GOVERNMENT OF THE BURDEN OF PAYING THE FULL COST FOR MEDICARE BENEFICIARIES. THEREFORE, THE HOSPITAL BELIEVES ANY MEDICARE SHORTFALL SHOULD BE CONSIDERED COMMUNITY BENEFIT. TRINITY HEALTH AND ITS HOSPITALS REPORT AS COMMUNITY IMPACT THE LOSS ON MEDICARE AND A HOST OF MANY OTHER EXPENSES DESIGNED TO SERVE PEOPLE EXPERIENCING POVERTY IN OUR COMMUNITIES. SEE SCHEDULE H, PART VI, LINE 5 FOR MORE INFORMATION.

PART III, LINE 8: COSTING METHODOLOGY FOR LINE 6 - MEDICARE COSTS WERE OBTAINED FROM THE FILED MEDICARE COST REPORT. THE COSTS ARE BASED ON MEDICARE ALLOWABLE COSTS AS REPORTED ON WORKSHEET B, COLUMN 26, WHICH EXCLUDE DIRECT MEDICAL EDUCATION COSTS. INPATIENT MEDICARE COSTS ARE CALCULATED BASED ON A COMBINATION OF ALLOWABLE COST PER DAY TIMES MEDICARE DAYS FOR ROUTINE SERVICES AND COST TO CHARGE RATIO TIMES MEDICARE CHARGES FOR ANCILLARY SERVICES. OUTPATIENT MEDICARE COSTS ARE CALCULATED BASED ON COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT.

PART III, LINE 9B:

THE HOSPITAL'S COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE. CHARITY DISCOUNTS ARE APPLIED TO THE AMOUNTS THAT QUALIFY FOR FINANCIAL ASSISTANCE. THE HOSPITAL HAS IMPLEMENTED BILLING AND COLLECTION PRACTICES FOR PATIENT PAYMENT OBLIGATIONS THAT ARE FAIR, CONSISTENT AND COMPLIANT WITH STATE AND FEDERAL REGULATIONS.

PART VI, LINE 2:

Part VI Supplemental Information (Continuation)

NEEDS ASSESSMENT - MHS-IA HOSPITALS ASSESS THE HEALTH STATUS OF THEIR COMMUNITIES, IN PARTNERSHIP WITH COMMUNITY COALITIONS, AS PART OF THE NORMAL COURSE OF OPERATIONS AND IN THE CONTINUOUS EFFORT TO IMPROVE PATIENT CARE AND THE HEALTH OF THE OVERALL COMMUNITY. TO ASSESS THE HEALTH OF THEIR COMMUNITIES, OUR HOSPITALS MAY USE PATIENT DATA, PUBLIC HEALTH DATA, ANNUAL COUNTY HEALTH RANKINGS, MARKET STUDIES AND GEOGRAPHICAL MAPS SHOWING AREAS OF HIGH AREAS OF UTILIZATION FOR EMERGENCY SERVICES AND INPATIENT CARE, WHICH MAY INDICATE POPULATIONS OF INDIVIDUALS WHO DO NOT HAVE ACCESS TO PREVENTATIVE SERVICES OR ARE UNINSURED.

MERCYONE NORTH IOWA AND MERCYONE NEW HAMPTON EACH HAVE A LOCAL BOARD OF GOVERNANCE COMPOSED OF AREA RESIDENTS, EMPLOYERS, AND REPRESENTATIVES OF DEMOGRAPHIC GROUPS. THESE HOSPITALS ALSO COMMUNICATE WITH OTHER AGENCIES ABOUT WHAT SERVICES ARE NEEDED LOCALLY. IN PARTICULAR OUR PRIMARY CARE PHYSICIANS HAVE A STRONG AWARENESS OF PATIENT NEEDS. A COMMITTEE MEETS QUARTERLY THAT IS COMPRISED OF COMMUNITY MEMBERS AND HOSPITAL PERSONNEL THAT WORK DIRECTLY WITH THE UNINSURED, UNDERINSURED AND UNDERSERVED. THE COMMUNITY BENEFIT MINISTRY OFFICER INTERFACES REGULARLY WITH COMMUNITY HUMAN SERVICE AGENCIES AND COALITIONS.

IN FY24, MERCYONE DUBUQUE FORMED A DIVERSITY, EQUITY, AND INCLUSION (DEI) COMMITTEE THAT COMPILED DATA TO IDENTIFY HEALTH DISPARITIES IN ITS SERVICE AREA. THEY THEN CREATED AN ACTION PLAN TO ADDRESS ONE OF THOSE NEEDS AND BEGAN EXECUTING THE PLAN.

THE STAFF OF MERCYONE SIOUXLAND ROUTINELY MET WITH VARIOUS COMMUNITY AGENCIES AND SCHOOLS IN SEARCH OF OPPORTUNITIES TO FURTHER COLLABORATE TO ADDRESS PHYSICAL HEALTH, SUBSTANCE MISUSE, MENTAL HEALTH, AND PREVENTATIVE

Part VI Supplemental Information (Continuation)

CARE.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - MHS-IA HOSPITALS

COMMUNICATE EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT

OBLIGATIONS. FINANCIAL COUNSELING IS OFFERED TO PATIENTS ABOUT THEIR

PAYMENT OBLIGATIONS AND HEALTH CARE BILLS. INFORMATION ON HOSPITAL-BASED

FINANCIAL SUPPORT POLICIES, FEDERAL, STATE, AND LOCAL GOVERNMENT PROGRAMS,

AND OTHER COMMUNITY-BASED CHARITABLE PROGRAMS THAT PROVIDE COVERAGE FOR

SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND

REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING

FINANCIAL ASSISTANCE.

FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR

PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST

THEM IN OBTAINING AND PAYING FOR HEALTH CARE SERVICES. EVERY EFFORT IS

MADE TO DETERMINE A PATIENT'S ELIGIBILITY FOR FINANCIAL SUPPORT PRIOR TO

OR AT THE TIME OF ADMISSION OR SERVICE.

THE HOSPITALS OFFER FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS.

NOTIFICATION ABOUT FINANCIAL ASSISTANCE AND GOVERNMENT PROGRAMS, INCLUDING

CONTACT INFORMATION, IS AVAILABLE THROUGH PATIENT BROCHURES, MESSAGES ON

PATIENT BILLS, POSTED NOTICES IN PUBLIC REGISTRATION AREAS INCLUDING

EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, AND OTHER PATIENT

FINANCIAL SERVICES OFFICES. SUMMARIES OF HOSPITAL PROGRAMS ARE MADE

AVAILABLE TO APPROPRIATE COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES AND

OTHER ORGANIZATIONS THAT ASSIST PEOPLE IN NEED. INFORMATION REGARDING

FINANCIAL ASSISTANCE AND GOVERNMENT PROGRAMS IS ALSO AVAILABLE ON HOSPITAL

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Part VI Supplemental Information (Continuation)

WEBSITES. IN ADDITION TO ENGLISH, THIS INFORMATION IS ALSO AVAILABLE IN OTHER LANGUAGES AS REQUIRED BY INTERNAL REVENUE CODE SECTION 501(R), REFLECTING OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVICED BY OUR HOSPITALS.

PART VI, LINE 4:

COMMUNITY INFORMATION

MERCYONE NORTH IOWA:

TRINITY HEALTH DATA HUB ESTIMATES POPULATION IN IOWA AT 3.2 MILLION WITH CERRO GORDO COUNTY'S ESTIMATED POPULATION AT 43,185, WHICH IS SLIGHTLY HIGHER THAN THE LAST CHNA REPORTING CYCLE. THE COUNTY HAS A VERY LOW DIVERSITY INDEX, .006 COMPARED TO IOWA AT .40. MOST OF THE RESIDENTS ARE WHITE, MAKING UP 90.74% OF THE POPULATION, WHILE BLACK MAKES UP 2.03%, HISPANIC, 5.38%, AND NON-HISPANIC ASIAN 1.28%. CERRO GORDO'S POPULATION OF UNDER 18-YEAR-OLDS IS 21.04%, 18-64-YEAR-OLDS, 57.58% AND 65 AND OLDER IS 21.38%.

CERRO GORDO COUNTY HAS 87 MENTAL HEALTH PROVIDERS LOCATED AT FOUR DIFFERENT FACILITIES AND 201.73 PROVIDERS/100,000 POPULATION. THERE IS A 90.43:100,000 RATIO FOR SUBSTANCE ABUSE PROVIDERS IN THE COUNTY. THERE ARE 22.81% OF THE CERRO GORDO POPULATION WHO CURRENTLY RECEIVE MEDICAID. THIS IS HIGHER THAN BOTH THE STATE (20.47%) AND NATIONALLY (22.19%). FOOD INSECURITY CONTINUES TO BE AN ISSUE IN CERRO GORDO COUNTY WITH 8.30% OF THE POPULATION FOOD INSECURE, WHICH IS HIGHER THAN THE STATE AVERAGE OF 7.30%. STUDENTS ELIGIBLE FOR FREE OR REDUCED LUNCH IS 42.1%. THE MEDIAN HOUSEHOLD INCOME IN CERRO GORDO COUNTY IS \$58,271. THE POPULATION UNDER AGE 18 WHO ARE BELOW 200% FEDERAL POVERTY LEVEL IS 36.43%.

Part VI Supplemental Information (Continuation)

MOST CERRO GORDO COUNTY RESIDENTS HAVE A HIGH SCHOOL DIPLOMA (93.51%), WITH 23.89% OF THESE INDIVIDUALS HAVING OBTAINED A BACHELOR'S DEGREE OR HIGHER.

MERCYONE DUBUQUE AND MERCYONE DYERSVILLE MEDICAL CENTER (MERCYONE DYERSVILLE):

THE PRIMARY SERVICE AREA OF MERCYONE DUBUQUE AND MERCYONE DYERSVILLE IS DUBUQUE COUNTY, IOWA, WHICH IS A FEDERALLY DESIGNATED MEDICALLY UNDERSERVED AREA. THERE IS ONE OTHER HOSPITAL AND ONE FEDERALLY QUALIFIED COMMUNITY HEALTH CENTER LOCATED IN DUBUQUE, IOWA.

DUBUQUE COUNTY IS IN NORTHEASTERN IOWA, BORDERED BY THE MISSISSIPPI RIVER AND IS COMPRISED OF TWENTY-ONE UNINCORPORATED COMMUNITIES AND THEIR SURROUNDING RURAL AREAS. SPANNING 608 SQUARE MILES, THE COUNTY HAS A UNIQUE BLEND OF RURAL AND METROPOLITAN CHARACTERISTICS. AS OF THE 2020 CENSUS, THE POPULATION WAS 99,266 MAKING IT THE EIGHTH MOST POPULATED COUNTY IN IOWA. THE MEDIAN AGE OF DUBUQUE COUNTY RESIDENTS IS 39.5 YEARS, SLIGHTLY ABOVE THE STATE AND NATIONAL MEDIAN AGES OF APPROXIMATELY 38 YEARS. THE SHARE OF THE DUBUQUE COUNTY POPULATION THAT IS 65 AND OLDER INCREASED FROM 15.3% IN 2010 TO 18.7% IN 2021, REPRESENTING AN AGING POPULATION. ACCORDING TO THE US CENSUS BUREAU POPULATION ESTIMATES AS OF 2022, DUBUQUE COUNTY'S POPULATION WAS PREDOMINATELY WHITE (91.9%) THOUGH THERE HAS BEEN A SLOW INCREASE IN THE DIVERSITY OF THE POPULATION SINCE 2000. THE DUBUQUE COMMUNITY HAS EXPERIENCED AN INCREASE IN THE PACIFIC ISLANDER POPULATION IN RECENT YEARS.

MERCYONE SIOUXLAND AND DUNES SURGICAL HOSPITAL:

SIOUX CITY, IOWA SERVES AS THE REGIONAL HUB FOR BUSINESS, EMPLOYMENT,

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Part VI Supplemental Information (Continuation)

INDUSTRY, RETAIL TRADE, MEDICAL CARE, AND EDUCATIONAL OPPORTUNITIES. SIX COUNTIES IN THE TRI-STATE AREA OF NORTHWESTERN IOWA, NORTHEASTERN NEBRASKA, AND SOUTHWESTERN SOUTH DAKOTA WERE INCLUDED IN THE SIOUXLAND COMMUNITY HEALTH NEEDS ASSESSMENT. INDIVIDUALS RESIDING IN THESE COUNTIES LIVED WITHIN A 40-MILE RADIUS OF SIOUX CITY. THE AREA INCLUDED THE IOWA COUNTIES OF WOODBURY AND PLYMOUTH; THE NEBRASKA COUNTIES OF DAKOTA, DIXON, AND THURSTON; AND THE SOUTH DAKOTA COUNTY OF UNION. THE TOTAL AREA FOR THESE COUNTIES IS 3,355 SQUARE MILES, WITH WOODBURY AND PLYMOUTH REPRESENTING 52% OF THE TOTAL AREA. THE SIOUXLAND REGION HAS A TOTAL CURRENT POPULATION OF 177,000.

ABOUT 26% OF THE POPULATION WAS UNDER THE AGE OF 18 YEARS AND 16% OF THE POPULATION WAS OVER THE AGE OF 65 YEARS. THE RACE/ETHNICITY DISTRIBUTION IN THE AREA WAS 84% WHITE, 4% AMERICAN INDIAN, 3% BLACK, 2% ASIAN, 3% TWO OR MORE RACES, AND 4% OTHER. EIGHTY FOUR PERCENT ARE NON-HISPANIC WHILE 16% WERE HISPANIC/LATINO.

IN THE AREA, OVERALL POVERTY RATE IS 13%, WITH AMERICAN INDIAN/ALASKA NATIVE AND BLACK OR AFRICAN AMERICAN POPULATIONS HAVING THE HIGHEST POVERTY RATE. THIRTY PERCENT OF HOUSEHOLDS FALL UNDER THE 200% POVERTY RATE AND THE MEDIAN HOUSEHOLD INCOME FOR THE AREA IS \$61,393.

THE REGIONAL ECONOMY IS BASED ON FOOD MANUFACTURING/PROCESSING, AGRICULTURE, HEALTH CARE AND SOCIAL ASSISTANCE, EDUCATION, AND THE FOOD SERVICE INDUSTRIES. THE JUNE 2021 UNEMPLOYMENT RATE FOR THE LARGEST COUNTIES IN THE REGION WOODBURY, PLYMOUTH, AND DAKOTA WAS 4.9%, 3.5%, AND 3.4%, RESPECTIVELY.

Part VI Supplemental Information (Continuation)

WOODBURY COUNTY, IA HAS A POPULATION OF 103,107, WHICH REPRESENTS 58% OF THE SIOUXLAND REGIONAL TOTAL. THE RESIDENTS OF SIOUX CITY AND SERGEANT BLUFF REPRESENT NEARLY 90% OF THE WOODBURY COUNTY POPULATION. PLYMOUTH COUNTY, IA HAS A POPULATION OF 25,177, OR 14% OF THE SIOUXLAND REGIONAL TOTAL. THE LARGEST COMMUNITY IN THE COUNTY IS LE MARS WITH A POPULATION OF 10,081. DAKOTA COUNTY, NE HAS A POPULATION OF 20,026. SOUTH SIOUX CITY AND DAKOTA CITY TOTAL RESIDENTS REPRESENT 73% OF THE COUNTY POPULATION. UNION COUNTY, SD HAS A POPULATION OF 15,932 WHICH REPRESENTS 9% OF THE REGIONAL TOTAL. NORTH SIOUX CITY AND DAKOTA DUNES' TOTAL RESIDENTS REPRESENT 34% OF THE COUNTY POPULATION. THURSTON COUNTY, NE HAS A POPULATION OF 7,224. DIXON COUNTY, NE HAS A POPULATION OF 5,636, REPRESENTING 7% OF THE REGIONAL TOTAL.

MERCYONE NEW HAMPTON:

MERCYONE NEW HAMPTON SERVES THE CHICKASAW AREA AND SURROUNDING COUNTIES WITHIN A 20-MILE RADIUS STRETCHING IN EVERY DIRECTION FROM NEW HAMPTON. THE PRIMARY SERVICE AREA CONSISTS OF THE TOWNS OF NEW HAMPTON, FREDERICKSBURG, ALTA VISTA, IONIA, ELMA, WAUCOMA, LAWLER AND NASHUA. THE ESTIMATED POPULATION OF THIS AREA IS 13,000.

ACCORDING TO THE U.S. CENSUS BUREAU, CHICKASAW COUNTY HAD AN ESTIMATED POPULATION OF 12,012 IN 2020. CHICKASAW COUNTY EXPERIENCED AN ESTIMATED 3.5% DECLINE IN POPULATION FROM 2010 TO 2020. THE STRESS THAT THIS TREND PLACES ON THE PROVISION OF SERVICES IS COMPOUNDED BY THE HIGHER-THAN-AVERAGE PROPORTION OF ELDERLY INDIVIDUALS IN THE AREA. OF THE CHICKASAW POPULATION, 21.4% WERE OVER AGE 65 IN 2020, COMPARED TO 17.7% FOR THE STATE AND 16.8% FOR THE NATION. THIS LARGE PERCENTAGE FOR THIS AGE GROUP PRESENTS SPECIAL CHALLENGES TO HEALTH CARE PROVIDERS, BECAUSE

Part VI Supplemental Information (Continuation)

THIS AGE GROUP HAS THE HIGHEST INCIDENCE OF DISEASE AND MORTALITY IN MOST CATEGORIES, AND CORRESPONDINGLY, REPRESENTS THE BIGGEST USERS OF HEALTH CARE SERVICES. IN ADDITION, MEDICARE PAYMENT SHORTFALLS PRESENT AN ADDITIONAL BURDEN FOR RURAL HEALTH PROVIDERS. APPROXIMATELY 53% OF MERCYONE NEW HAMPTON'S REVENUES (HOSPITAL INPATIENT AND OUTPATIENT) WERE GENERATED FROM MEDICARE PATIENTS.

THE MEDIAN HOUSEHOLD INCOME IN CHICKASAW COUNTY WAS ESTIMATED AT \$61,239 IN 2020. PERSONS IN POVERTY COMPRISE 8.3% OF THE POPULATION. THE FISCAL YEAR 2020 PAYER MIX AT POINT OF REGISTRATION INCLUDES 53% COVERED BY MEDICARE, 11.8% COVERED BY MEDICAID AND 1.5% SELF-PAY.

PART VI, LINE 5:

OTHER INFORMATION - MERCYONE NORTH IOWA HAS PROVIDED MANAGEMENT SERVICES FOR RURAL HOSPITALS SINCE 1978. THESE COMMUNITY HOSPITALS OFFER QUALITY HEALTH CARE AND YET ARE STILL ABLE TO TAKE ADVANTAGE OF ALL THE RESOURCES WE HAVE TO OFFER AS A MAJOR REFERRAL CENTER. WE EXTEND MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED COMMUNITY HEALTH CARE PROVIDERS TO MEET THE NEEDS OF THOSE WHO LIVE IN OUR COMMUNITIES.

MERCYONE NORTH IOWA IS INTENTIONAL IN DEVELOPING TRIPLE-AIM ACCOUNTABLE CARE ORGANIZATION RELATIONSHIPS AND WORKS COLLABORATIVELY WITH MANY COMMUNITY HEALTH PROVIDERS, SOCIAL SERVICES, AND AGENCIES IN CREATING A SYSTEM OF CARE COORDINATION PROCESS AND WORK TO IDENTIFY AND REDUCE/ELIMINATE THE SOCIAL DETERMINANTS OF HEALTH. AS A TEACHING HOSPITAL, WE HOST A FAMILY MEDICINE RESIDENCY PROGRAM, PHARMACY RESIDENCY, INTERNAL MEDICINE RESIDENCY, CARDIOLOGY FELLOWSHIP, NURSE RESIDENCY, AND A SCHOOL OF RADIOLOGIC TECHNOLOGY. MERCYONE NORTH IOWA'S CARDIOLOGY

Part VI Supplemental Information (Continuation)

FELLOWSHIP PROGRAM HAS TRIPLED IN SIZE SINCE IT ORIGINATED IN 2002. IN ADDITION, MERCYONE NORTH IOWA OFFERS A 12-MONTH PROGRAM FOR NEWLY LICENSED REGISTERED NURSES AS THEY TRANSITION FROM THEIR STUDENT ROLE INTO A PROFESSIONAL ROLE. THIS OFFERS THEM MORE SUPPORT TO EMPOWER THEM AND BUILD CONFIDENCE IN THEIR NURSING CAREERS.

MERCYONE NORTH IOWA OFFERS SPECIALIZED SERVICES INCLUDING HEART AND VASCULAR INSTITUTE, CANCER, DIABETES, STROKE, BARIATRIC, WOUND, REHABILITATION, LEVEL II BIRTH CENTER, AND LEVEL III TRAUMA CENTER. OUR EMERGENCY ROOM HAS PSYCH TRIAGE NURSES WHO ASSIST BEHAVIORAL HEALTH PATIENTS WHO ENTER THE EMERGENCY ROOM WITH REFERRALS AND INFORMATION ON COMMUNITY RESOURCES. MERCYONE NORTH IOWA HAS MATERNAL HEALTH OUTREACH INTO NEW HAMPTON AND HAMPTON, AS WELL AS THE FAMILY MEDICINE RESIDENCY CLINIC WHERE AN INTERPRETER IS AVAILABLE. PATIENTS ARE ASSISTED IN GETTING MEDICAID.

MERCYONE NORTH IOWA WORKS CLOSELY WITH CERRO GORDO PUBLIC HEALTH AND NUMEROUS AGENCIES IN ACCESSING AND IDENTIFYING COMMUNITY NEEDS, WORKING COLLABORATIVELY IN ADDRESSING THESE NEEDS.

MERCYONE NORTH IOWA CONTINUES TO INVEST IN THE COMMUNITY WE SERVE TO ENHANCE THE HEALTH AND WELL-BEING OF RESIDENTS BY:

-PROVIDING RESTRICTED CASH DONATIONS TO THE FOLLOWING AGENCIES IN OUR COMMUNITY TO ASSIST IN ADDRESSING IN THE COMMUNITY HEALTH NEEDS THAT WERE IDENTIFIED IN THE LATEST CHNA. IN FY24, A COMBINED TOTAL OF \$200,000 RESTRICTED CASH DONATIONS WERE AWARDED TO THE FOLLOWING AGENCIES: NORTH IOWA COMMUNITY ACTION (COPA & MY COMMUNITY RIDE), NORTHERN LIGHTS ALLIANCE

Part VI Supplemental Information (Continuation)

FOR THE HOMELESS, HEALTHY HARVEST & 43 NORTH IOWA.

-MERCYONE NORTH IOWA COLLEAGUES CAN MAKE A MEANINGFUL IMPACT IN THE LOCAL COMMUNITY BY CONTRIBUTING TO OUR UNITED WAY DIRECTLY FROM THEIR PAYROLL.

-CONTINUED PARTICIPATION IN THE AWARDED MISSION LIFELINE STROKE GRANT.

-ADDRESSING SOCIAL NEEDS FOR THOSE IDENTIFIED TO HAVE SOCIAL NEEDS DURING STANDARD SCREENING PROCESSES THROUGH TWO FULL-TIME COMMUNITY HEALTH WORKERS: SPREADING AWARENESS OF FINDHELP, THE ON-LINE COMMUNITY RESOURCE DIRECTORY.

-CONTINUE TO OFFER AND SUPPORT THE MEALS ON WHEELS PROGRAM.

-DEVELOPED "PACK THE CARE CLOSET," PARTNERED TO PROVIDE PERSONAL AND FEMININE HYGIENE PRODUCTS TO MASON CITY SCHOOL STUDENTS.

-CONDUCTED SEVERAL FOOD DRIVES FOR THE HAWKEYE HARVEST FOOD BANK.

-DONATED TWO RECLINERS TO THE COMMUNITY HEALTH CENTER.

-CONTINUED FINANCIAL SUPPORT TO THE LOCAL YMCA.

-HELD AN AUCTION WITH ALL PROCEEDS GOING TO CRISIS INTERVENTION SERVICES.

-HELD SEVERAL BLOOD DRIVES.

-BABY FRIENDLY INITIATIVES INCLUDE, BREAST FEEDING SUPPORT GROUPS AND INFANT EDUCATION GROUPS.

-FAMILY CONNECTION GRANT.

-PARTNER WITH HEALTHIEST STATE INITIATIVES FOR THE PRODUCE PRESCRIPTION PROGRAM.

-PARTICIPATION IN NORTH IOWA ADDICTION PREVENTION ALLIANCE TO PREVENT UNDERAGE DRINKING.

-PARTICIPATION IN THE AGING SERVICES COALITION TO ADVOCATE FOR AND CONNECT ELDERLY TO COMMUNITY RESOURCES.

-PARTICIPATION IN NCI COMMUNITY COLLABORATION HOUSING COALITION.

-PROVIDE RURAL OUTREACH PROGRAM, PROVIDING FREE MEDICATIONS TO RESIDENTS WHO QUALIFY.

Part VI Supplemental Information (Continuation)

-PARTICIPATION IN EVENTS SURROUNDING MENTAL HEALTH AWARENESS AND REDUCING STIGMA, SUCH AS MAKE IT OK WALK AND EVENT.

-COLLABORATION WITH COMMUNITY ORGANIZATIONS, AGENCIES, AND COALITIONS.

-PARTICIPATION IN CENTRAL IOWA COMMUNITY SERVICES- ACCESS CENTER MEETINGS (FOCUSED ON MENTAL HEALTH).

-HELD A SILENT AUCTION WITH ALL PROCEEDS BEING DONATED TO CRISIS INTERVENTION SERVICES.

-PARTICIPATED IN THE HIDDEN IN PLAIN SIGHT DISPLAY TO PROVIDE EDUCATION TO THE COMMUNITY.

-HAD A TABLE AT NATIONAL NIGHT OUT.

-PROVIDED CASH DONATIONS/SPONSORSHIPS TO SUPPORT:

-FREEBORN COUNTY FAIR

-HANCOCK COUNTY HEALTH SYSTEM FOUNDATION GOLF OUTING

-KOSSUTH REGIONAL HEALTH CENTER LEGACY BALL

-MASON CITY ARENA

-MITCHELL COUNTY REGIONAL HEALTH CENTER

-NORTH COUNTY FAIR

MERCYONE DUBUQUE AND MERCYONE DYERSVILLE ARE ADVISED BY LOCAL BOARDS AND OPERATE EMERGENCY ROOMS, WHICH ARE AVAILABLE TO ALL REGARDLESS OF ABILITY TO PAY. MERCYONE DUBUQUE ALSO PROVIDED SEVERAL UNIQUE SERVICES, INCLUDING OPEN-HEART SURGERY, NEONATAL INTENSIVE CARE, AND INPATIENT COMMUNITY PSYCHIATRIC SERVICES.

...CONTINUED AFTER PART VI, LINE 6.

PART VI, LINE 6:

MHS-IA IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH'S COMMUNITY HEALTH & WELL-BEING (CHWB) STRATEGY PROMOTES OPTIMAL HEALTH FOR PEOPLE EXPERIENCING POVERTY AND OTHER VULNERABILITIES IN THE COMMUNITIES WE SERVE - EMPHASIZING THE NECESSITY TO INTEGRATE SOCIAL AND CLINICAL CARE. WE DO THIS BY:

1. ADDRESSING PATIENT SOCIAL NEEDS,
2. INVESTING IN OUR COMMUNITIES, AND
3. STRENGTHENING THE IMPACT OF OUR COMMUNITY BENEFIT.

TRINITY HEALTH CHWB TEAMS LEAD THE DEVELOPMENT AND IMPLEMENTATION OF TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENTS AND IMPLEMENTATION STRATEGIES AND FOCUS INTENTIONALLY ON ENGAGING COMMUNITIES AND RESIDENTS EXPERIENCING POVERTY AND OTHER VULNERABILITIES. WE BELIEVE THAT COMMUNITY MEMBERS AND COMMUNITIES THAT ARE THE MOST IMPACTED BY RACISM AND OTHER FORMS OF DISCRIMINATION EXPERIENCE THE GREATEST DISPARITIES AND INEQUITIES IN HEALTH OUTCOMES AND SHOULD BE INCLUSIVELY ENGAGED IN ALL COMMUNITY HEALTH ASSESSMENT AND IMPROVEMENT EFFORTS. THROUGHOUT OUR WORK, WE AIM TO DISMANTLE OPPRESSIVE SYSTEMS AND BUILD COMMUNITY CAPACITY AND PARTNERSHIPS.

TRINITY HEALTH AND ITS MEMBER HOSPITALS ARE COMMITTED TO THE DELIVERY OF PEOPLE-CENTERED CARE AND SERVING AS A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN THE COMMUNITIES WE SERVE. AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO THE COMMUNITIES AND IS COMMITTED TO ADDRESSING THE UNIQUE NEEDS OF EACH COMMUNITY. IN FISCAL YEAR 2024 (FY24), TRINITY HEALTH CONTRIBUTED NEARLY \$1.3 BILLION IN COMMUNITY BENEFIT SPENDING TO AID THOSE WHO ARE EXPERIENCING POVERTY AND OTHER VULNERABILITIES, AND TO IMPROVE THE HEALTH

Part VI Supplemental Information (Continuation)

STATUS OF THE COMMUNITIES IN WHICH WE SERVE. TRINITY HEALTH FURTHERED ITS COMMITMENT THROUGH AN ADDITIONAL \$900 MILLION IN PROGRAMS AND INITIATIVES THAT IMPACT OUR COMMUNITIES - YIELDING A TOTAL COMMUNITY IMPACT OF \$2.2 BILLION IN FY24.

TRINITY HEALTH'S COMMUNITY INVESTING PROGRAM FINISHED FY24 WITH MORE THAN \$68 MILLION COMMITTED TO BUILDING VITAL COMMUNITY RESOURCES. THESE FUNDS, IN PARTNERSHIP WITH 31 PARTNERS, WERE PAIRED WITH OTHER RESOURCES TO GENERATE MORE THAN \$931.5 MILLION IN INVESTMENTS, WITH APPROXIMATELY 80% (\$749.3 MILLION) OF THESE FUNDS SUPPORTING HIGH PRIORITY ZIP CODES WITHIN TRINITY HEALTH'S SERVICE AREAS (DEFINED AS RACIALLY/ETHNICALLY-DIVERSE COMMUNITIES WITH HIGH LEVELS OF POVERTY). BETWEEN 2018 AND APRIL 2024, THESE INVESTMENTS HAVE BEEN INSTRUMENTAL IN CREATING MUCH-NEEDED COMMUNITY RESOURCES FOR THE PEOPLE THAT WE SERVE, NOTABLY:

- CREATING AT LEAST 1,100 CHILDCARE; 7,000 KINDERGARTEN THROUGH HIGH SCHOOL EDUCATION; AND 1,500 EARLY CHILDHOOD EDUCATION SLOTS.
- DEVELOPING AT LEAST 7.3 MILLION SQUARE FEET OF GENERAL REAL ESTATE.
- PROVIDING 872 STUDENTS NEARLY \$2.5 MILLION IN SCHOLARSHIPS TO PURSUE CAREERS IN THE HEALTH PROFESSIONS.
- SUPPORTING 10,800 FULL- AND PART-TIME POSITIONS INVOLVED IN THE CREATION OF THESE PROJECTS.
- CREATING 12,100 UNITS OF AFFORDABLE HOUSING OVER THE LAST FIVE YEARS (INCLUDING 360 SUPPORTIVE HOUSING BEDS).

ACROSS THE TRINITY HEALTH SYSTEM, OVER 875,000 (ABOUT 80%) OF THE PATIENTS SEEN IN PRIMARY CARE SETTINGS WERE SCREENED FOR SOCIAL NEEDS. ABOUT 28% OF THOSE SCREENED IDENTIFIED AT LEAST ONE SOCIAL NEED. THE TOP THREE NEEDS IDENTIFIED INCLUDED FOOD ACCESS, FINANCIAL INSECURITY AND SOCIAL

Part VI Supplemental Information (Continuation)

ISOLATION. TRINITY HEALTH'S ELECTRONIC HEALTH RECORD (EPIC) MADE IT POSSIBLE FOR TRINITY HEALTH TO STANDARDIZE SCREENING FOR SOCIAL NEEDS AND CONNECT PATIENTS TO COMMUNITY RESOURCES THROUGH THE COMMUNITY RESOURCE DIRECTORY (CRD), COMMUNITY HEALTH WORKERS (CHW'S) AND OTHER SOCIAL CARE PROFESSIONALS. THE CRD (FINDHELP) YIELDED OVER 88,600 SEARCHES, WITH NEARLY 7,000 REFERRALS MADE AND NEARLY 400 ORGANIZATIONS ENGAGED THROUGH OUTREACH, TRAININGS, ONE-ON-ONE ENGAGEMENTS, AND COLLABORATIVES.

CHW'S ARE FRONTLINE HEALTH PROFESSIONALS WHO ARE TRUSTED MEMBERS OF AND/OR HAVE A DEEP UNDERSTANDING OF THE COMMUNITY SERVED. BY COMBINING THEIR LIVED EXPERIENCE AND CONNECTIONS TO THE COMMUNITY WITH EFFECTIVE TRAINING, CHW'S PROVIDE PATIENT-CENTERED AND CULTURALLY RESPONSIVE INTERVENTIONS. CHW'S FULFILL MANY SKILLS AND FUNCTIONS INCLUDING OUTREACH, CONDUCTING ASSESSMENTS LIKE A SOCIAL NEEDS SCREENING OR A HEALTH ASSESSMENT, RESOURCE CONNECTION, SYSTEM NAVIGATION, GOAL-SETTING AND PROBLEM-SOLVING THROUGH ONGOING EDUCATION, ADVOCACY, AND SUPPORT. IN PRACTICE, SOME EXAMPLES ARE A CHW HELPING A PATIENT CONNECT WITH THEIR PRIMARY CARE DOCTOR, ASSISTING WITH A MEDICAID INSURANCE APPLICATION OR UNDERSTANDING THEIR BASIC INSURANCE BENEFITS, OR EMPOWERING A PATIENT TO ASK CLARIFYING QUESTIONS ABOUT THEIR MEDICATIONS OR PLAN OF CARE AT THEIR NEXT DOCTOR'S APPOINTMENT. IN FY24, CHW'S SUCCESSFULLY ADDRESSED NEARLY 16,000 SOCIAL NEEDS. ONE SOCIAL NEED (SUCH AS ADDRESSING HOUSING OR FOOD NEEDS) CAN OFTEN TAKE MONTHS, OR EVEN A YEAR TO SUCCESSFULLY CLOSE, WHICH MEANS THE NEED HAS BEEN FULLY MET AND IS NO LONGER IDENTIFIED AS A NEED.

TRINITY HEALTH RECEIVED A NEW CENTER FOR DISEASE CONTROL AND PREVENTION GRANT (5-YEAR, \$12.5 MILLION AWARD) IN JUNE 2024. SINCE ITS LAUNCH, WE HAVE CREATED 21 NEW MULTI-SECTOR PARTNERSHIPS ACROSS 16 STATES TO

Part VI Supplemental Information (Continuation)

ACCELERATE HEALTH EQUITY IN DIABETES PREVENTION. THIS PAST FISCAL YEAR, OUR HUB ENROLLED NEARLY 700 PARTICIPANTS INTO THE 12-MONTH, EVIDENCE-BASED LIFESTYLE CHANGE PROGRAM (60% REPRESENTING BLACK, LATINX AND/OR 65+ POPULATIONS), REACHED OUT TO NEARLY 20,350 PATIENTS AT RISK FOR TYPE 2 DIABETES, RECEIVED OVER 1,350 POINT OF CARE REFERRALS FROM PHYSICIANS, AND SCREENED NEARLY 1,500 POTENTIAL PARTICIPANTS FOR HEALTH-RELATED SOCIAL NEEDS - PROVIDING CHW INTERVENTIONS WHEN REQUESTED.

FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT WWW.TRINITY-HEALTH.ORG.

PART VI, LINE 5 CONTINUED:

MERCYONE DUBUQUE AND MERCYONE DYERSVILLE RECOGNIZED THE IMPORTANCE OF SCREENING FOR AND ADDRESSING SOCIAL INFLUENCERS OF HEALTH, SUCH AS AFFORDABLE HOUSING, ACCESS TO EDUCATION, PUBLIC SAFETY, AVAILABILITY OF HEALTHY FOODS, LOCAL EMERGENCY/HEALTH SERVICES, AND ENVIRONMENTS FREE OF LIFE-THREATENING TOXINS. THE MERCYONE COMMUNITY RESOURCE DIRECTORY POWERED BY FINDHELP.ORG WAS USED TO CONNECT PATIENTS WITH IDENTIFIED SOCIAL NEEDS.

MERCYONE DUBUQUE EMPLOYEES SERVE ON VARIOUS EXTERNAL COMMITTEES AND BOARDS, INCLUDING THE IOWA HEALTHCARE COLLABORATIVE EXECUTIVE COMMITTEE, THE IOWA HOSPITAL EDUCATION AND RESEARCH FOUNDATION, AND STONEHILL COMMUNITIES BOARD OF DIRECTORS.

MERCYONE DUBUQUE PROVIDED EDUCATIONAL OPPORTUNITIES TO LOCAL VOLUNTEER EMS AGENCIES IN THE TRI-STATE AREA ON TOPICS INCLUDING TRAUMA, STROKE,

Part VI Supplemental Information (Continuation)

AND CARDIAC CARE. THE AGENCIES WERE ASSISTED WITH POLICY DEVELOPMENT AND CASE REVIEWS USING REAL LIFE SITUATIONS TO IMPROVE PRE-HOSPITAL CARE. THE EMERGENCY DEPARTMENT TRAUMA COORDINATOR ALSO SERVED ON THE DUBUQUE COUNTY EMS ASSOCIATION BOARD AND PARAMOUNT EMS (PEMS) ADVISORY COMMITTEE. THESE GROUPS SOUGHT TO ENHANCE THE KNOWLEDGE AND SKILLS NECESSARY TO SERVE THE PUBLIC WITH COMPETENT AND PROFESSIONAL EMS PROFESSIONALS.

MERCYONE DUBUQUE'S NORMAL NEWBORN DONOR MILK PROGRAM PROVIDED FREE PASTEURIZED HUMAN DONOR MILK TO INFANTS IN NEED IN THE NICU AND THE NEWBORN NURSERY. NURSING MOTHERS COULD SAFELY DONATE THEIR EXTRA BREAST MILK TO A MILK COLLECTION DEPOT IN THE BIRTH CENTER THROUGH A COLLABORATION WITH THE UNIVERSITY OF IOWA HEALTH CARE.

FOURTEEN MERCYONE DUBUQUE COLLEAGUES PARTICIPATED IN THE FOUNTAIN OF YOUTH'S COMMUNITY IN CHANGE PROGRAM WITH THE PURPOSE OF CHANGING THE MINDSETS THAT CONTRIBUTE TO GENERATIONAL POVERTY. COLLEAGUES WERE CHALLENGED TO THINK IN NEW WAYS AND UNCOVER WAYS THAT THEY CAN PERSONALLY BECOME A PART OF THE SOLUTION TO MANY SOCIAL PROBLEMS IN OUR COMMUNITY.

MERCYONE DUBUQUE MANAGED A TEAM OF VOLUNTEERS THROUGHOUT FY24 WHO COLLECTIVELY VOLUNTEERED A TOTAL OF 4,237 HOURS. THEY HELPED BY GREETING AND WALKING PATIENTS TO THEIR APPOINTMENTS, ASSEMBLING ADMISSION AND SURGERY PACKETS, ROCKING BABIES IN THE CHILDCARE CENTER, ROUNDING WITH THERAPY DOGS, AND MANNING THE SENIOR HEALTH INSURANCE INFORMATION PROGRAM (SHIIP) OFFICE.

Part VI Supplemental Information (Continuation)

MERCYONE DYERSVILLE IS A 20-BED CRITICAL ACCESS HOSPITAL SERVING 17 RURAL COMMUNITIES IN WESTERN DUBUQUE COUNTY OFFERING THE FOLLOWING SERVICES: EMERGENCY/TRAUMA, ACUTE AND SKILLED CARE, REHABILITATION SERVICES (PT/OT/SPEECH), AMBULATORY SURGERY, HOME CARE, AND A SPECIALTY CLINIC REGARDLESS OF ABILITY TO PAY.

MERCYONE DYERSVILLE PARTICIPATED IN COMMUNITY EMERGENCY PREPAREDNESS DRILLS, PROVIDED BACK SAFETY EDUCATION TO LOCAL INDUSTRY WORKERS, AND CPR/STOP THE BLEED TRAINING TO COMMUNITY MEMBERS.

MERCYONE DYERSVILLE DONATED SUPPLIES TO LOCAL COLLEGES TO BE USED FOR NURSING EDUCATION.

MERCYONE SIOUXLAND REMAINED FOCUSED ON IMPROVING THE HEALTH OF OUR COMMUNITY. MERCYONE SIOUXLAND CONTINUED TO OPERATE THE ONLY LEVEL II TRAUMA CENTER IN WESTERN IOWA AND PROVIDE A VITAL, LIFESAVING LINK TO RURAL AREAS VIA HELICOPTER AMBULANCE SERVICE. EMERGENCY SERVICES CONTINUED TO BE AVAILABLE TO ALL REGARDLESS OF THEIR ABILITY TO PAY. MERCYONE SIOUXLAND CONTINUED TO OPERATE A PRIMARY CARE CLINIC NETWORK, SPECIALTY CLINICS, AND HOME HEALTH SERVICES. WE CONTINUED TO PARTNER WITH OTHER COMMUNITY HEALTH CARE PROVIDERS TO SPONSOR A REGIONAL CANCER CENTER, HOSPICE SERVICES, AND A FREESTANDING SURGERY CENTER TO MEET THE NEEDS OF RESIDENTS IN IOWA, NEBRASKA, AND SOUTH DAKOTA. WE CONTINUED TO OPERATE MERCYONE SIOUXLAND CHILD ADVOCACY CENTER, WHICH IS DEDICATED TO SERVING SUSPECTED VICTIMS OF CHILD ABUSE. THE CENTER IS THE ONLY ONE OF ITS KIND IN NORTHWEST IOWA, PROVIDING MEDICAL EXAMS, FORENSIC INTERVIEWS, ADVOCACY SERVICES, THERAPY SERVICES, PREVENTION AND PROFESSIONAL EDUCATION, AND EXPERT WITNESS TESTIMONY.

Part VI Supplemental Information (Continuation)

MERCYONE SIOUXLAND CONTINUED TO SUPPORT THE COMMUNITY BY HAVING LEADERS ACTIVELY PARTICIPATE IN LOCAL COMMUNITY BOARDS AND COMMUNITY COLLABORATIONS, INCLUDING THE WARMING SHELTER AND SIOUXLAND STREET PROJECT TO ADDRESS HOMELESSNESS. MERCYONE SIOUXLAND CONTINUED TO HAVE AN OPEN MEDICAL STAFF. MERCYONE SIOUXLAND PARTICIPATED IN REGULAR BLOOD DRIVES THROUGHOUT THE YEAR. IN ADDITION, MERCYONE SIOUXLAND COLLABORATED WITH HEALTH EDUCATION PROGRAMS IN THE AREA INCLUDING ST. LUKE'S COLLEGE OF NURSING, WESTERN IOWA TECH COMMUNITY COLLEGE SCHOOL OF NURSING, NORTHEAST COMMUNITY COLLEGE, NORTHWESTERN COLLEGE, NORTHWEST IOWA COMMUNITY COLLEGE, DORDT UNIVERSITY, MORNINGSIDE UNIVERSITY, AND BRIAR CLIFF UNIVERSITY SCHOOL OF NURSING. MERCYONE SIOUXLAND PARTNERED WITH THE SIOUXLAND MEDICAL EDUCATION FOUNDATION TO ASSIST IN TRAINING MEDICAL STUDENTS DURING THEIR FAMILY MEDICINE RESIDENCY. MERCYONE SIOUXLAND'S VOLUNTEER AMBASSADOR PROGRAM HAD EIGHT VOLUNTEERS IN FY24. THE VOLUNTEERS SUPPORTED OUR COMMUNITY MEMBERS BY PROVIDING HOSPITALITY SERVICES AND PET VISITATIONS. EXTRAORDINARY MINISTERS OF HOLY COMMUNION WERE ALSO PART OF THE VOLUNTEER PROGRAM.

MERCYONE SIOUXLAND PROVIDED COMMUNITY EDUCATION COURSES SUCH AS STOP THE BLEED, WHICH PROVIDES TRAINING ON HOW TO STOP A LIFE-THREATENING HEMORRHAGE. MERCYONE SIOUXLAND PROVIDED RURAL TRAUMA TEAM DEVELOPMENT EDUCATIONAL COURSES TO COMMUNITY EMS AND RURAL HOSPITAL CLINICIANS.

DUNES SURGICAL HOSPITAL CONTINUED TO SUPPORT THE HEALTH AND WELL-BEING OF THE COMMUNITY BY SUPPORTING HEALTH EDUCATION IN THE AREAS OF NURSING, SURGICAL TECHNOLOGY, AND RESPIRATORY THERAPY IN COLLABORATION WITH BRIAR CLIFF UNIVERSITY, MORNINGSIDE UNIVERSITY, WESTERN IOWA TECH

Part VI Supplemental Information (Continuation)

COMMUNITY COLLEGE SCHOOL OF NURSING, AND UNIVERSITY OF SOUTH DAKOTA.

DUNES SURGICAL HOSPITAL ACTIVELY PARTICIPATED IN A CEREAL DRIVE FOR THE
LOCAL SIOUXLAND FOOD BANK AS WELL AS A UNITED WAY CAMPAIGN THAT WILL
GREATLY BENEFIT THE COMMUNITY. IN ADDITION, EMERGENCY MEDICAL
PREPAREDNESS WORK CONTINUED WITH THE SOUTH DAKOTA HEALTH CARE
COALITION.

MERCYONE NEW HAMPTON OFFERED THE FOLLOWING COMMUNITY BASED EDUCATION
OPPORTUNITIES IN FY24:

- TO PROMOTE SAFETY, FIRST AID COMPREHENSION, AND TO EMPHASIZE THE
QUALITY CHARACTERISTICS OF A GOOD BABYSITTER, BABYSITTING 101 WAS HELD
IN MAY 2024. STUDENTS WERE TAUGHT THE BASICS OF CHILDCARE WITH SPECIAL
PRESENTATIONS BY CHICKASAW COUNTY SHERIFF'S DEPARTMENT, NEW HAMPTON
FIRE DEPARTMENT, MERCYONE NEW HAMPTON NURSING STAFF AND MERCYONE NEW
HAMPTON'S WELLNESS COORDINATOR.

- MERCYONE NEW HAMPTON'S ATHLETIC TRAINER AND WELLNESS COORDINATOR
BECAME A CERTIFIED CHILD PASSENGER SAFETY TECHNICIAN IN THE FALL OF
2023. EXPECTING PARENTS RECEIVED CHILD AND INFANT CAR SEAT INSPECTION
AND SAFETY CHECK SERVICES TO ENSURE THAT INSTALLATION HAS BEEN CARRIED
OUT CORRECTLY AND THAT THEIR CHILD WILL BENEFIT FROM THE PROTECTION
THESE SEATS ARE DESIGNED TO PROVIDE.

- MERCYONE NEW HAMPTON OFFERED EDUCATIONAL OPPORTUNITIES THROUGHOUT
FY24 TO OUR COLLEAGUES AND AREA HEALTH CARE PROVIDERS. CLASSES
INCLUDED: BASIC LIFE SUPPORT, ADVANCED CARDIAC LIFE SUPPORT HEARTCODE,
PEDIATRIC ADVANCED LIFE SUPPORT, TRAUMA NURSING CORE COURSE AND
AMERICAN HEART ASSOCIATION INSTRUCTOR RENEWAL. MERCYONE NEW HAMPTON
ALSO SUPPORTS HEALTH PROFESSIONALS' EDUCATION BY HOSTING PRECEPTORS. IN
FY24, TWO PHYSICAL THERAPY ASSISTANT STUDENTS WERE PRECEPTED.

Part VI Supplemental Information (Continuation)

IN FY24, TRINITY HEALTH ASSESSED THE TOTAL IMPACT ITS HOSPITALS HAVE ON COMMUNITY HEALTH. THIS ASSESSMENT INCLUDES TRADITIONAL COMMUNITY BENEFIT AS REPORTED IN PART I, COMMUNITY BUILDING AS REPORTED IN PART II, THE SHORTFALL ON MEDICARE SERVICES AS REPORTED IN PART III, AS WELL AS EXPENSES THAT ARE EXCLUDED FROM THE PART I COMMUNITY BENEFIT CALCULATION BECAUSE THEY ARE OFFSET BY EXTERNAL FUNDING. ALSO INCLUDED ARE ALL COMMUNITY HEALTH WORKERS, INCLUDING THOSE OPERATING IN OUR CLINICALLY INTEGRATED NETWORKS. OUR GOAL IN SHARING THE COMMUNITY IMPACT IS TO DEMONSTRATE HOW OUR CATHOLIC NOT-FOR-PROFIT HEALTH SYSTEM MAKES A DIFFERENCE IN THE COMMUNITIES WE SERVE - FOCUSING ON IMPACTING PEOPLE EXPERIENCING POVERTY - THROUGH FINANCIAL INVESTMENTS.

MERCYONE'S REGIONAL COMMUNITY IMPACT IN FY24 TOTALED \$263.9 MILLION.

PART II COMMUNITY BUILDING ACTIVITIES CONTINUED:

FOR MERCYONE NEW HAMPTON'S LEADERS, COMMUNITY INVOLVEMENT ISN'T JUST A RESPONSIBILITY; IT'S AN OPPORTUNITY FOR LEADERS TO BE MORE EFFECTIVE AND TO FOSTER A SENSE OF TOGETHERNESS AND PROGRESS WITHIN THE COMMUNITIES THEY SERVE. BEING INVOLVED IN THE COMMUNITY ALLOWS LEADERS TO GAIN A DEEPER UNDERSTANDING OF THE CHALLENGES, NEEDS, AND ASPIRATIONS OF THE PEOPLE THEY SERVE. MERCYONE NEW HAMPTON HAS THREE COLLEAGUES WHO ARE MEMBERS OF NEW HAMPTON ROTARY CLUB, WHOSE AREAS OF FOCUS ALIGN WITH THE MISSION, VISION, AND VALUES OF MERCYONE. THEY FOCUS ON BASIC EDUCATION AND LITERARY; DISEASE PREVENTION AND MANAGEMENT; WATER, SANITATION AND HYGIENE; ECONOMIC EMPOWERMENT AND COMMUNITY DEVELOPMENT ENVIRONMENTAL PROTECTION; MATERNAL AND CHILD HEALTH; PEACE AND CONFLICT PREVENTION. IN FY24, OUR COLLEAGUES WITH NEW

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

HAMPTON ROTARY WORKED TO IMPROVE FOOD INSECURITY WITHIN OUR COMMUNITY,
YOUTH PROGRAMS, SCHOLARSHIP OPPORTUNITIES, LEADERSHIP TRAINING AND
ECONOMIC DEVELOPMENT.

ENVIRONMENTAL IMPROVEMENTS: MERCYONE NEW HAMPTON CONTINUES TO PROVIDE
MEMBERS OF THE COMMUNITY A PLACE TO SAFELY DISPOSE OF THEIR SHARPS AND
CONTAINERS TO REDUCE ENVIRONMENTAL HAZARDS. THE HOSPITAL COLLABORATES
WITH PHARMACIES IN NEW HAMPTON TO COLLECT THEIR CONTAINERS AS WELL.